SUPPORTING DOCUMENT
REQUEST TO REVISE AN APPROVED PLAN

Kitsap County Code is available online at http://www.codepublishing.com/wa/kitsapcounty/
Title 14, Buildings and Construction

Property Owner Name: ______________________________ Assessor Tax Parcel #: __________________________

Applicant Name: __________________________________________________________________________

Phone Number: ______________________________________ Permits Number: __________________________

Fees are due at the time of submittal. All revisions to the previously approved plan will incur an additional plan review fee, based on our current hourly rate. See DCD Fee Schedule
Please be aware that refund requests must be received postmarked within one year of the original payment date.

Accepted forms of payment:
- Cash
- Check/Cashier’s Check - Make checks payable to Kitsap County Dept. of Community Development
- Electronic Checks - $1.00 flat fee per electronic check
- Credit Cards: MasterCard, Discover, American Express or VISA - a third party convenience fee of approximately 2.5% will apply.

Section 1 – Submittal Requirements
Please be aware that permit application submittals can take 30 – 45 minutes for each application. This is to ensure application materials are complete and accurately prepared for a timely review from county staff. Use the column to the left to check off items included with your application.

<table>
<thead>
<tr>
<th>Required Submittal Items</th>
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<tr>
<td>1. Supplemental Application for Request to Revise an Approved Plan - 1 original</td>
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<tr>
<td>2. Mechanical/Plumbing Supplemental App (if changes to mechanical or plumbing fixtures) - 1 original</td>
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<tr>
<td>3. Road Approach Supplemental App (if proposing changes to driveway/road approach) - 1 original</td>
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<tr>
<td>4. Stormwater Worksheet (if proposing changes to square footage or method of stormwater management) - 1 original</td>
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<tr>
<td>5. Engineered construction plans and calculations, if applicable - 2 sets (1 set to be 11”x17” or smaller and carry engineer’s original stamp and signature).</td>
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<tr>
<td>6. Construction plans - 2 sets (1 set to be 11”x17” or smaller and carry design professional’s original stamp and signature if prepared by a licensed professional).</td>
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<tr>
<td>7. Approved Plans to be revised - “Developers Copy” - 1 original</td>
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<tr>
<td>8. Energy Code Worksheet (if proposing new heated space or a change to heating or ventilation) 1 original</td>
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<tr>
<td>9. Site Plan</td>
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Section 2 – General Information

Please provide a complete, detailed description of the proposed revisions to the approved plan:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Are two sets (at least one of which is no larger than 11” x 17”) of the revised plans or addendum indicating the changes included?  
Yes:  ☐  No:  ☐

Has the permit been issued?

☐ If yes, the original Approved “DEV” set of plans must be provided with this revision request.

Are the revisions clearly and accurately identified on the plans or addendum?  
Yes:  ☐  No:  ☐

Does the plan contain an engineer’s or architect’s lateral or vertical analysis

☐ If yes, provide plans and calculations approved by the architect and/or engineer. Please provide one set with an original wet stamp and signature of the architect, engineer, or both.

Does the proposed revision modify the footprint or location of the structure?

☐ If yes, a revised site plan, drawn to scale, must be included with this request which has been approved by the Health District.

Is the total square footage changing?  
Yes:  ☐  No:  ☐

☐ If yes, provide:

Original square footage: ______________________  New square footage: ______________________

If yes, provide Kitsap Public Health approval for increased bedroom load on septic system.  
Yes:  ☐  No:  ☐

☐ If yes, provide Kitsap Public Health approval for increased bedroom load on septic system.

Applicant’s Signature: ____________________________________________  Date: _______________