



KITSAP COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

614 DIVISION STREET MS-36, PORT ORCHARD WA 98366-4682
(360) 337-7181 FAX (360) 337-4925 www.kitsapgov.com/dcd/

Larry Keeton, DIRECTOR

SIGN PERMIT APPLICATION

PERMIT # _____

FEES: [See attached/linked Fee Schedule](#)

*All fees must accompany this application
These fees are non-refundable and subject to change.
Make check(s) payable to the Kitsap County
Department of Community Development (DCD).*

FOR OFFICIAL USE ONLY

Received
by: _____

Receipt #: _____

The following items shall be submitted to Kitsap County DCD in order for the application to be accepted and for review of the application to commence:

1) Two (2) sets of plans (showing proposed sign); 2) Picture, if available; 3) Site plan (showing adjacent tenants or buildings around proposed sign.) 4) Description of color and material (size of letters and square footage.) 5) Type of illumination (lit or unlit); 6) Method of lighting, if applicable; and 7) For off-premise subdivision signs only, a letter of consent from property owner is required.

2) Please note that for Sign Permits for change of ownership on existing businesses or for businesses where there are no other permits required, a valid revised Certificate of Occupancy must be issued in conjunction with this permit.

3) For Sign Permits that are submitted and reviewed concurrently with other related permits (eg. Building/Revised Certificate of Occupancy), Sign Permits may be issued alongside these other related permits.

Assessor's Acct. No.: _____ Zoning: _____

Location: Section(s) _____ Township _____ Range _____

Subdivision: _____ Lot: _____ Lot Size: _____

Owner(s) Name: _____

Phone No.: Work: _____ Home: _____

Owner(s) Mailing Address: _____

Project Name: _____

Project Site Address and Location _____

Installer: _____

Installer's Address: _____

Installer's Phone: _____

Contractor's License No.: _____ Contractor's Phone No.: _____

Describe Other Signs On Property: _____

Proposed Sign Area: _____ Total Sign Area: _____ (existing)

I hereby certify that I have read and examined this application and know that the information contained herein is true and correct. I also certify that I am the owner (or owner's authorized agent) if this property and that all work shall be performed in accordance with all state and local laws regulating the project proposed by this application. I understand that failure to comply with such laws or the submission of inaccurate information, may result in the revocation of any permit from this application.

OWNER/AGENT SIGNATURE: _____ DATE: _____

OWNER/AGENT PRINTED: _____

CONTACT NAME (If different from above): _____ PHONE: _____

ADDITIONAL SIGNS REQUIRE SEPARATE PERMITS. ATTACH DESIGN DRAWINGS AND PLOT PLAN.

CONDITIONS OF APPROVAL

PLANNING APPROVAL	
Zoning _____	Critical Areas _____
Shorelines _____	
Setbacks:	Front: _____
	Side: _____
	Rear: _____
Certificate of Occupancy required (for signs with no other related permits) Yes _____ No _____	
Approved: _____	

BUILDING APPROVAL	
Type of Sign: _____	
Additional Building Remarks: _____	
Approved: _____	