

SUPPORTING DOCUMENT SUBMITTAL WAIVER



Applicant Name: ______ Assessor Tax Parcel #: _____

Project Name:

List each submittal item(s) to be waived:	Provide reason for waiving each submittal item(s)

I affirm, under penalty of perjury, that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site. Further, as owner, I grant permission to any and all employees and representative of the County of Kitsap and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I understand, in accordance with the Department of Community Development fee policies, the base fee is determined by an average processing time. If staff hours required to process the permit exceeds the base fee, additional charges may be incurred, and I agree to pay all fees of the County that apply to this application. I understand refunds may also be issued for those permits that require less processing time.

Print Name

Signature

Date

Kitsap County Department of Community Development 614 Division Street, MS-36 Port Orchard, WA 98366-4682 www.kitsapgov.com/dcd/ Revision Date: 01/04/18 Phone: (360) 337-5777 Form Number: 1402D Email: help@kitsap1.com Page 1 of 1