



COMPREHENSIVE PLAN AMENDMENT

Site-Specific Application Form

Planning and Economic Development Department

200 NE Moe Street | Poulsbo, Washington 98370

(360) 394-9748 | fax (360) 697-8269

www.cityofpoulsbo.com | plan&econ@cityofpoulsbo.com

INSTRUCTIONS:

- Please complete a separate request form for each proposed site-specific amendment. If you are applying for a text/map amendment, please use the [Text/Map Amendment Form](#).
- The City of Poulsbo considers amendments to its Comprehensive Plan once each year. The deadline to submit applications for the 2026 amendment cycle is **Monday, November 16, 2025, by 4 p.m.**
- Individuals, organizations, partnerships, corporations, and public agencies are eligible to make application for a comprehensive plan amendment (CPA). Individuals making an application on behalf of a property owner must include the property owner's signature or evidence must be provided that an individual is lawfully authorized to sign on behalf of the property owner.
- CPAs are legislative decisions made by the City Council and include public notice and Planning Commission public hearing requirements. CPAs are processed as [Type IV](#) applications under Title 19.
- **A minor pre-application fee shall be submitted with this application.** After November 17th, the City will schedule a pre-application conference for this site-specific amendment request. *If the applicant chooses to move forward with the application, the full CPA fee will be due.*
- A typical amendment cycle is concluded by mid-April of the following year. However, the timeline is subject to change.

PROJECT/PROPERTY INFORMATION:

Site Address:	Tax Parcel Number:
Current Land Use Designation:	Proposed Land Use Designation:
Current Zoning Designation:	Proposed Zoning Designation:
Current Use of Property:	Proposed Use of Property:
Is the property located within a Critical Area ?	☐ Yes ☐ No
Is the property located within the Shoreline Jurisdiction ?	☐ Yes ☐ No
Is this property located within a Master Plan Overlay?	☐ Yes ☐ No

APPLICANT/PROJECT CONTACT:

Name:	Phone:
Address:	
Email:	

PROPERTY OWNER (IF DIFFERENT):

Name:	Phone:
Address:	
Email:	

A RESPONSE TO THE FOLLOWING QUESTIONS IS REQUIRED. USE A SEPARATE SHEET IF NECESSARY:

1. Please describe the amendment and why it is necessary.

2. Is the amendment warranted due to an error in the initial adoption of the Comprehensive Plan? Please explain.
3. Is the amendment based on a change of conditions or circumstances from the initial adoption of the Comprehensive Plan? Please explain.
4. Is the amendment based on new information or facts which were not available at the time of the initial adoption of the Comprehensive Plan? If so, what are they?
5. Is the amendment in response to a need for additional property in the proposed zoning district.
6. Explain why the current land use designation/zoning no longer applies and why the proposed designation/zoning is more appropriate.
7. Is the proposed land use designation/zoning consistent with the adopted Comprehensive Plan? Please demonstrate how the amendment request is internally consistent with the adopted Comprehensive Plan.
8. Explain how the requested amendment is not detrimental to the public health, safety, or welfare.

APPLICATION SUBMITTAL REQUIREMENTS:

Please submit your application via email to plan&econ@cityofpoulsbo.com.

- ☐ Minor pre-application fee. *Note: If the application moves forward an additional fee will be due.*
- ☐ Maps, photos, existing environmental assessments, or other documents that describe the property.
- ☐ Notarized property owner and/or applicant signature page (attached).
- ☐ Any other information/documents:



I, the undersigned, state that, to the best of my knowledge, all the information provided in this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

I hereby authorize City of Poulsbo representative(s) to inspect the subject property Monday-Friday between the hours of 8:00 am and 4:00 pm during this permit application process.

Signature of Applicant/Agent

Print Name of Applicant/Agent

STATE OF WASHINGTON)
) SS
COUNTY OF KITSAP)

On this _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ to me known to be the individual(s) described in and who executed the within and foregoing instrument and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS my hand and official seal.

NOTARY PUBLIC in and for the
State of Washington Residing at

Commission Expires _____

I, the undersigned, state that, to the best of my knowledge, all the information provided for this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

Print Name of Owner

On this _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ to me known to be the individual(s) described in and who executed the within and foregoing instrument and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

Commission Expires _____