



City of Oak Harbor
Development Services Department
865 SE Barrington Drive, Oak Harbor, WA 98277
<http://www.oakharbor.org>

Phone: 360-279-4510

Summary Application

Project Information

Project Name: _____

Project Address: _____

Description of Work: _____

Assessor Parcel Number(s): _____

Land Area (sq. ft. or acres): _____ Zoning District: _____

What is the Project Valuation (best guess, if necessary) \$ _____

Applicant Information

Applicant Name: _____

Address: _____

City/State: _____ Zip: _____ Phone/Fax: _____

Email: _____

Applicant's Interest to Property* (check one):

Owner Owner's Agent Lessee Contractor Licensed Architect Licensed Engineer

Other (specify) _____

Primary Contact (if other than applicant)

Name: _____

Address: _____

City/State: _____ Zip: _____ Phone/Fax: _____

Email: _____

Property Owner(s) (if other than applicant)

Name: _____

Address: _____

City/State: _____ Zip: _____ Phone/Fax: _____

Email: _____

*Documentation demonstrating authorization to sign applications on behalf of the Owner(s) is required.

All Persons/Firms having an ownership interest in the property:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Architect / Engineer:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone/Fax: _____

Email: _____

Architect / Engineer:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone/Fax: _____

Email: _____

Contractor:

Name of Business: _____

Contact Person: _____

Address: _____

City/State: _____ Zip: _____ Phone/Fax: _____

Email: _____

WA State Contractors License: _____

City of Oak Harbor Business License: _____

Authorization

I declare under penalty of the perjury laws that the information I have provided on this form/application is true, correct, and complete.

Applicant Signature*

Date

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Permit Type (check all that apply)

- Building
 Land Use
 Engineering
 Grading Only
 Land Clearing Only
 Demolition Only
 Residential Construction
 Commercial Construction

Permits Requested (check all that apply)

<input type="checkbox"/> Accessory Dwelling Unit	<input type="checkbox"/> Final Plat	<input type="checkbox"/> SEPA Review
<input type="checkbox"/> Annexation	<input type="checkbox"/> Grading	<input type="checkbox"/> Site Plan
<input type="checkbox"/> Appeal	<input type="checkbox"/> Land Clearing	<input type="checkbox"/> Short Plat
<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Lot Combination	<input type="checkbox"/> Shoreline
<input type="checkbox"/> Boundary Line Adjustment	<input type="checkbox"/> Pre-Application	<input type="checkbox"/> Transportation Concurrency
<input type="checkbox"/> Civil Plan Review	<input type="checkbox"/> PRD	<input type="checkbox"/> Variance
<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Zoning Code Text Amendment
<input type="checkbox"/> Other		

Are you requesting to process the applications individually per OHMC 18.20.360(1)?
 Yes No

Project Details (fill in all applicable sections)

Ground Disturbance: Yes No If yes, completes the following questions:

Is disturbance greater than 100 cubic yards? Yes No

Type of equipment to be used _____

Total cubic yards of excavation _____ Total cubic yards of fill _____

Critical Areas:

Does the site contain a critical area as defined in OHMC 20.12.030(2) Yes No Unknown

If yes, please state critical area type(s) _____

Shoreline:

Is construction planned within 200 feet of ordinary high water? Yes No Unknown

Floodplain:

Is the project site/property/or portions of the property within a floodplain? Yes No Unknown

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Stormwater:

Will the completed project result in 2,000 or more square feet of impervious surface? Yes No Unknown

Total replaced new and impervious surface (in sq. ft)_____

What is the stormwater facility type(s) proposed to be used for the project?____

Project Details (fill in all applicable sections)

Land Clearing: Yes No If yes, complete the following questions:

Percentage of land to be cleared_____ Types of vegetation to be removed_____

Garry Oaks on the property? Yes No Estimated date of clearing_____

Type of equipment to be used_____

Transportation Concurrency:

Licensed Traffic Engineer_____ Phone_____ Email_____

Total length of public streets _____ Total length of private streets_____

Existing property use_____

Land Use Data:

Sq ft of new construction_____ Existing property use_____

Proposed Property Use_____ Housing Type Proposed_____

Proposed Number of Buildings _____ Number of Existing Dwelling Units_____

Number of Proposed Dwelling Units_____ Number of Existing Parking Spaces_____

Number of New Parking Spaces_____ Number of Existing Lots_____

Number of New Lots Proposed_____ Proposed Density_____

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