

SUBMITTAL REQUIREMENTS AND WORKSHEET

All design review applications for single-family permits shall include the following information. Plans and details can be incorporated into the building permit set or be a stand-alone design review application. Include completed worksheet with completed Master Planning Permit Application submittal.

Base Plan Permit No. or Model Name: _____

Site plan:

- ☐ Building Footprint
(including any floor plan options)
- ☐ All Site Improvements
- ☐ Retaining Walls
- ☐ Required Setbacks
- ☐ Existing and Retained Vegetation
- ☐ Location of Mechanical Units
- ☐ Impervious Surface Calculations
- ☐ Elevation of High Point (Height
Restriction Area)

Shown on Sheet: _____

Building Plans:

- ☐ Exterior Elevations
- ☐ Siding Materials
- ☐ Trim Details
- ☐ Eave Details (including gutters)
- ☐ Window Size and Details

Shown on Sheet: _____

Details:

- ☐ Fencing **or** ☐ Defer to Planning Final Inspection
- ☐ Outdoor and Building lighting **or** ☐ Defer to Planning Final Inspection

Garage:

How is the garage being de-emphasized? See [GHMC 17.99.490\(A\)](#) or [GHMC 17.99.520\(A\)](#) Pick One:

- ☐ Locate Garage Behind House
- ☐ Recess Vehicular Entrances
- ☐ Emphasize Windows and Porches (include front façade glazing calcs on elevation)
- ☐ Increase Window Area (include front façade glazing calcs on elevation)
- ☐ Place Garage Entry on Side of House
- ☐ Garage Door Placement

Height Restriction Area or Historic District:

- ☐ Height of house and garage: On a height survey prepared by a licensed surveyor include the elevation of highest point within buildable area on the lot (must be within 50 feet of proposed building footprint). Also include the top of roof elevation for house and garage.



OFFICE USE ONLY

SUBMITTED: _____

CASE NO.: _____

MASTER PLANNING PERMIT APPLICATION

Check all permits you are applying for in the boxes provided. Submit this application form, the applicable materials listed in the corresponding checklist and fee.

<input type="checkbox"/> Administrative Interpretation	<input type="checkbox"/> Critical Area Variance	<input type="checkbox"/> Major Site Plan Review	<input type="checkbox"/> Shoreline Exemption
<input type="checkbox"/> Administrative Design Review	<input type="checkbox"/> Design Review Exception	<input type="checkbox"/> Minor Site Plan Review	<input type="checkbox"/> Shoreline Revision
<input type="checkbox"/> Alternative Design Review	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Nonconforming Review	<input type="checkbox"/> Shoreline Substantial Development
<input type="checkbox"/> Alternative Landscape Plan	<input type="checkbox"/> Final PRD/PUD	<input type="checkbox"/> Plat Alterations/Vacation	<input type="checkbox"/> Shoreline Variance
<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Final PRD/PUD Amendment	<input type="checkbox"/> Perf. Based Height Exception	<input type="checkbox"/> Short Term Rental
<input type="checkbox"/> Boundary Line Adjustment	<input type="checkbox"/> Final Short Plat	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Temporary Trailer / Use
<input type="checkbox"/> Change in Use	<input type="checkbox"/> Flood Hazard	<input type="checkbox"/> Preliminary Plat Revision	<input type="checkbox"/> Tree Removal
<input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> Height Restriction Area Amendment	<input type="checkbox"/> Preliminary Short Plat	<input type="checkbox"/> Variance
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Land Clearing	<input type="checkbox"/> Rezone	<input type="checkbox"/> Zoning Text Amendment
<input type="checkbox"/> Critical Area Review	<input type="checkbox"/> Master Sign Plan	<input type="checkbox"/> Reasonable Use Exception	<input type="checkbox"/> Zoning Verification
		<input type="checkbox"/> SEPA – Environmental Checklist	

Project Name:	
Project Address:	
Tax Assessor Parcel Number(s): <i>Attach full legal description</i>	

APPLICANT/AGENT <input type="checkbox"/> Primary Contact for Application			
Name:		Phone:	
Street:		Fax:	
City/State/Zip:		Email:	

PROPERTY OWNER(S) <input type="checkbox"/> Applicant <input type="checkbox"/> Primary Contract for Application			
Name:		Phone:	
Street:		Fax:	
City/State/Zip		Email:	

Property Owner(s)

I do hereby affirm and certify, under penalty of perjury, that I am one (or more) of the owners or owner under contract of the herein described property and that the foregoing statements and answers are in all respects true and correct on my information and belief as to those matters, I believe it to be true.

or submit a completed [Affidavit Agent Authority](#) when applicable

Signature by Property Owner: _____ **Date:** _____

PROJECT DESCRIPTION (PROVIDE DETAILED SUMMARY)**UTILITIES****Water Supply (name of utility provider) if applicable:****Sewage Disposal (name of utility provider) if applicable:****Access** (Name of road or street from which access is or will be gained):**CRITICAL AREA INFORMATION****Wetlands on site** ☐ Yes ☐ No**Slopes exceeding 15%** ☐ Yes ☐ No**Streams** ☐ Yes ☐ No**Existing Land Use:** Describe (or illustrate separately) all existing use structures and all critical areas within 300 feet of property lines.**Fee Deposits:**

"I acknowledge that I have applied for a permit which requires a deposit for future services to be rendered, as required by section F of the City's adopted Fee Schedule. I understand that, as the applicant, I (we) shall bear all of the costs of these services and will be billed the act costs in excess of the deposit. If the actual costs are below the deposit, I will be refunded the difference." _____(Initials)

Consolidated Permit Processing:

"As the applicant, I (we) elect to have all planning permits submitted concurrently and associated with our project processed collectively under the highest numbered permit procedure per [GHMC 19.01.002\(B\)](#)." _____(Initials)

Planning Division | 3510 Grandview Street | Gig Harbor, WA 98335 | (253)851-6170 | www.gigharborwa.gov

The City of Gig Harbor is pleased to offer electronic plan review.

Please submit completed intake request [form](#) to planningintake@gigharborwa.gov