



**City of Bremerton**  
**Department of Community Development**  
**345 - 6<sup>th</sup> Street, Suite 100 (Mailing Address)**  
**Bremerton, WA 98337-1873**

**Phone: (360) 473-5275 Fax: (360) 473-5278**

## **PRE-SUBMITTAL CONFERENCE APPLICATION**

**When:** Wednesday mornings by appointment only.

**PLEASE NOTE: Pre-application conferences are limited to 30 minutes in duration. Plans MUST be received at least one week prior to scheduled meeting.**

**Purpose:** To discuss general regulatory issues which will be present in the project.  
To clarify format and specifications of submittals.

**Where:** 345 6<sup>th</sup> Street, Suite 600,  
City of Bremerton Department of Community Development.

**How to Participate:** Request an appointment (complete form attached).

### **Please submit the following information:**

- 5 Sets of Plans including:
- Vicinity Map
- Site Plan (To Scale)
- Floor Plan
- Current use of the site
- Proposed use of the site
- Proposed or actual parcel and structure sizes
- Adjacent land uses and transportation routes
- Scope of work
- Specific questions which you would like answered

**What you get:** General comments regarding regulatory needs  
Specific comments regarding submittal requirements

DATE AND TIME SCHEDULED: \_\_\_\_\_

## PRE-SUBMITTAL CONFERENCE REQUEST

Applicant	Representative <i>(if applicable)</i>
Contact	Contact
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Email Address	Email Address
Phone Number (with Area Code)	Phone Number (with Area Code)

Project Name: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tax Parcel Number(s): \_\_\_\_\_

\_\_\_\_\_

Address/Location of property: \_\_\_\_\_

\_\_\_\_\_

City official(s) you have worked with on this proposal if any: \_\_\_\_\_

\_\_\_\_\_

**YOU WILL BE NOTIFIED OF YOUR CONFERENCE DATE AND TIME AT THE TIME THE APPLICATION IS PROCESSED**