



ISLAND COUNTY PLANNING & COMMUNITY DEVELOPMENT

PHONE: (360) 679-7339 ■ from Camano (360) 629-4522 ■ from S. Whidbey (360) 321-5111
■ FAX: (360) 679-7306 ■ 1 NE 7th St., Coupeville, WA 98239-5000 ■ 121 N East Camano
Drive, Camano Island, WA 98282 ■ Phone (360) 387-3443
www.islandcountywa.gov/planning

INSTRUCTIONS FOR FILLING OUT AND SUBMITTING AN APPLICATION

- Type or neatly print all information. Only fill out those portions that are not shaded in gray.
- If someone other than the landowner is applying for the permit, the application must be accompanied by a notarized "Applicant Authorization Form". Without this form, the application will be incomplete and will not be accepted by County staff. The "Applicant Authorization Form" is attached to this application.
- This application is a "Master Land Development Permit" and must be filled out for all types of development permits. Depending upon your specific proposal you will need to fill out supplemental attachments to this application that provide more specific information. No development proposals can be reviewed using only this form so please ask what additional forms you will need.

Electronic Submittal Process

It is preferred for applicants to use the electronic submittal process to submit application materials. Please save all electronic files in **PDF file format**, using the following file naming procedure for submittal:

ApplicantLastName_DocumentName_DateSubmitted.pdf

Document names should be abbreviated; below is a list of common document names and their abbreviations:

Application APP	Arch Report ARCH	AsBuilt ASB	Site Plan SPLAN
Buffer Enhancement Plan BEP	Biological Site Assessment BSA	Certificate of Appropriateness COA	Field Indicators Worksheet FIELD
Elevations ELV	Mitigation Plan MIT	Geocoastal GEOC	Geotechnical GEO
Revisions REV 1,2,3,	SEPA Checklist SEPA	Wetland Report WET	Drainage Narrative DRNG

Example of file naming using document abbreviation: **Johnson_APP_091324.pdf**

Once all files have been saved using the naming procedure above, all files can then be submitted to: planningdept@islandcountywa.gov Emails over 7 MB should be sent through a file sharing application, or contact the Planning Department for an FTP sharing link. Once application materials have been reviewed by planning staff and deemed sufficient for submittal, the applicant will receive an email along with an invoice and payment instructions.

**All fees must be paid within 14 calendar days, or the application will become null and void,
cancelling the application.**

After payment is received, the applicant will receive a letter of completeness indicating that the review period has begun. If the application is deemed incomplete, the applicant will receive a letter stating that the application is incomplete and requires revisions.

IF APPLICANT CHOOSES IN PERSON SUBMITTAL AN APPOINTMENT IS PREFERRED

Whidbey: call 360-678-7339

Camano: call 360-387-3443

Applicant Use	APPLICATION REQUIREMENTS CHECKLIST	County Use Only
	<ol style="list-style-type: none"> 1. Completed Water System Review Form Parts A and B. 2. Signatures of authorized water system operator. 3. A legible plot plan showing: <ol style="list-style-type: none"> a. Drawn to standard engineering scale not to exceed 1" = 500'. Indicate scale and provide bar scale b. North Arrow c. Boundaries and dimensions of all parcels within the service and source areas. Label lots that are currently serviced, lots that have been allocated water shares but do not have service yet, and lots that are within the future service area. d. Location, size, and purpose of all existing (temporary or permanent) and proposed buildings related to the operation of the water system. For example, water storage tanks, pump houses, and sheds. Label each as existing or proposed. e. Show the distances between buildings related to the operation of the water system and property lines. f. Location, dimensions, and pressure of all existing and proposed water lines, labeled existing and proposed. g. Width and name of road(s) boarding and crossing the service and source areas. h. Location of septic tank, drainfield, reserve area, and tightline within 250' of well(s). i. Location of all fire hydrants connected to the water system. 4. Neighborhood Vicinity Map that includes the following: <ol style="list-style-type: none"> a. Drawn to standard engineering scale not to exceed 1" = 500'. Indicate scale and provide bar scale. b. North Arrow. c. Roadways, parcels, and driveways within 100 feet of the subject sites in all directions. d. Location of adjacent and nearby water system boundaries. 	

COUNTY USE ONLY:

APPLICATION NUMBER

DATE RECEIVED

FEE PAID

RECEIPT

Application information is to be typed or neatly printed. Please provide all information requested. If any portion is not applicable enter N/A in the blank. Submit the electronic copy, original, and one copy of this application and all necessary documentation and plans as outlined on the Application Checklist to the Island County Department of Planning and Community Development. Illegible and/or incomplete applications will not be accepted. An application will not be considered technically complete until a Notice of Application is provided.

**WATER SYSTEM REVIEW
PART A****HEAD OF THE WATER SYSTEM:** _____ **SIGNATURE:** _____**ADDRESS:** _____ **PHONE: ()** _____**CITY:** _____ **STATE:** _____ **ZIP:** _____ **EMAIL:** _____**CONTACT PERSON*:** _____ **SIGNATURE:** _____**ADDRESS:** _____ **PHONE: ()** _____**CITY:** _____ **STATE:** _____ **ZIP:** _____ **EMAIL:** _____**THE AUTHORIZED CONTACT PERSON WILL BE THE ONLY PARTY THAT WILL RECEIVE CORRESPONDENCE, REPORTS, NOTICES, AND INQUIRIES***OWNER:** _____ **SIGNATURE:** _____
(IF OTHER THAN CONTACT)**ADDRESS:** _____ **PHONE: ()** _____**CITY:** _____ **STATE:** _____ **ZIP:** _____ **EMAIL:** _____**NAME OF WATER SYSTEM:** _____

Assessor Parcel Number(s): _____ Plat Name: _____

Section: _____ Township: _____ Range: _____ ¼ Section: _____

Location: North Whidbey Central Whidbey South Whidbey Camano Island

Comprehensive Plan Land Use Designation(s): _____

Zoning: _____

Allowed Number of Water Shares: _____ Number of Water Shares in Use: _____

BRIEF DESCRIPTION OF PROPOSAL:

OTHER COUNTY, STATE, OR FEDERAL APPLICATIONS OR PERMITS OBTAINED OR PENDING:

WATER SYSTEM REVIEW
PART B

To aid in the orderly development of water systems located within Island County and to ensure that water systems meet the zoning goals and criteria outlined in the Island County Comprehensive Plan and Development Regulations, purveyors are required to complete the water system review.

Supplemental Review Requirements: In addition to the information required in Part A, the following must be submitted for the Water System Review. All written and mapped materials shall be legible and shall include or show the requirements listed within the application.

Questions:

1. Identify the water system's current and future service areas, including a map, parcel numbers and sizes (note if attached):

2. Names, addresses, and telephone numbers of associated professional consultants such as geologists or engineers not identified in Part A:

3. Description of the system's wells and/or surface intakes, including their location, size, capacity, and associated equipment:

4. Description of the systems storage capacity, including location, size, capacity, and associated equipment:

I hereby certify that I am the authorized applicant named above and that I have familiarized myself with the rules, regulations, and procedures with respect to preparing and filing this application and that all statements, answers and information provided as part of this submittal are in all respects complete, true, and accurate to the best of my knowledge and belief.

Name (Please Print)

Signature (Owner or Authorized Agent)

Date

If the signature is other than the property owner, an Agent Authorization Form must accompany this application.



AGENT AUTHORIZATION FORM

Received date: _____

Received by: _____

Landowners may authorize agents, designers, contractors, etc. to apply for permits and conduct activities on their behalf by completing this form and returning to Island County staff. Once received, this form will expire in 3 years. Any applications or requests that agents submit on an owner's behalf must meet the general description provided by the owner below.

I/We hereby authorize the following companies or individuals to submit applications on my/our behalf. I/We also understand that once a permit/application is submitted that all future correspondence may be directed to said agent(s).

Description of work/project: _____

Agent Name: _____

Agent Name: _____

Agent Name: _____

Agent Name: _____

Parcel number(s): _____

Name 1 (printed) _____ Date: _____

Signature 1: _____

Name 2 (printed) _____ Date: _____

Signature 2: _____