



KITSAP COUNTY DCD

Certificate of Occupancy Revision (KCC 14.04.277)

For Office Use Only
DCD Permit Number: _____
Zoning: _____

- Tenant Change Owner or Business Name Change Copy or Replacement

Fee: See attached/linked Fee Schedule

To qualify for a “CO Revision”, all 9 statements must be true:

- | | | |
|--------------------------|--------------------------|---|
| True | False | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Less than 4,000 square feet of occupancy space, |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. No change in use |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. No change in parking requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. No change in access |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. No change of mechanical appliances or plumbing fixtures |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. No change to lighting |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. No change to the structure or of the building/tenant space |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Previous occupancy/tenant has a current, valid certificate of occupancy
Name of previous occupancy/tenant: _____ (Required) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. No increase in water use and wastewater OR the property is served by a water system shown in #10 below and by a sewer system shown in #11 below |

#10	Water Company Name	Phone
<input type="checkbox"/>	Annapolis Water District	(360) 876-2545
<input type="checkbox"/>	City of Bremerton	(360) 478-5315
<input type="checkbox"/>	Erland Point Water Co.	(360) 308-8734
<input type="checkbox"/>	Keyport Water System	(360) 779-9163
<input type="checkbox"/>	Manchester Water District	(360) 871-0500
<input type="checkbox"/>	North Peninsula Water District	(360) 779-9163
<input type="checkbox"/>	North Perry Ave. Water District	(360) 373-9508
<input type="checkbox"/>	City of Poulsbo	(360) 779-4078
<input type="checkbox"/>	Silverdale Water Dist.#18	(360) 447-3500
<input type="checkbox"/>	Suquamish Water System	(360) 779-9163
<input type="checkbox"/>	Vinland View Water District	(360) 779-9163

#11	Sewer Company Name	Phone
<input type="checkbox"/>	City of Bremerton	(360) 478-2325
<input type="checkbox"/>	City of Port Orchard	(360) 876-4991
<input type="checkbox"/>	City of Poulsbo	(360) 779-4078
<input type="checkbox"/>	Bainbridge Island Public Works	(206) 842-2016
<input type="checkbox"/>	Karcher Creek Sewer District	(360) 871-6861
<input type="checkbox"/>	Kitsap County Public Works	(360) 337-5777
<input type="checkbox"/>	Kitsap County Sewer District #7	(206) 780-1348
<input type="checkbox"/>	Olympic Resource Management	(360) 697-6626
<input type="checkbox"/>	Port Gamble/S'Kallam Tribe	(360) 297-2646

Possible additional permits:

- ❖ New businesses in an existing location, selling or handling food products may require a new or revised food handling permit from the Kitsap County Health District. Contact at: (360) 337-5285.
- ❖ All storage racks exceeding 5’-9” in height require separate permits.
- ❖ **All new signs require separate permits and must be submitted with this application.**
- ❖ Business occupancy may require an operational Fire Code Permit (FCPO)

Please complete all blanks and attach a building floor plan

Assessor's Tax Parcel Account # _____
Project Name: _____
Project Site Address _____ Suite #: _____
Applicant's Name: _____ Phone: _____
Applicant's Mailing Address: _____
Owner's Name: _____ Phone: _____
Owner's Mailing Address: _____
Proposed Type of Business: _____
Previous Business Name: _____
Tenant Space (sq. ft.) _____

A detailed floor plan is required that includes:

- The arrangement of rooms and partitions;
- The location and dimensions of existing cabinets, racks, aisles, exit paths, windows, and doors.
- The direction of door swings and all door hardware.
- All existing plumbing fixtures, mechanical equipment, mechanical rooms, and storage areas.

I hereby certify that I have read and examined this application and know that the information contained herein is true and correct, and acknowledge that this project satisfies all of the criteria shown on the reverse side of this application.

Applicant _____ Date _____

Note: A review of County permit records will be performed to verify the existence of a valid, current certificate of occupancy. If the current certificate can not be verified, the CO revision will be denied, and it will be necessary for the applicant to submit a full "Tenant Improvement" permit (TI) prior to any use or occupancy of the building.

A certificate of occupancy will not be issued until all final inspections are approved.

Office Use Only: _____ Staff AP: _____
Existing CO Verified: Yes, Previous building permit number _____
 No, Permit Denied, Date letter sent: _____
FM Office Review: Corrections required: _____
Date: _____ Approved: _____