



Department of Community Development

345 – 6th Street, Suite 600, Bremerton, WA 98337

(360) 473-5275; Fax: (360) 473-5278

website: www.ci.bremerton.wa.us

**DESIGN REVIEW RESPONSE APPLICATION
Downtown Regional Center Sub Area Plan**

1. Applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____

Work Phone: _____ Home/ Cell Phone: _____

2. Contact Person (if different than applicant):

Name: _____

Email: _____

Work Phone: _____ Home/ Cell Phone: _____

3. Title Holder:

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Work Phone: _____ Home/ Cell Phone: _____

4. Project Name: _____

5. Tax Account Number(s): _____

6. Location: _____

7. Project Description: _____

8. **Sub-Area Plan Designation:** _____

9. **Conceptual Design Review Conference Date:** _____

10. **Attachments:** Provide eight (8) copies of a detailed narrative and any maps necessary to response to the Conceptual Design Review Conference. Color elevations for each facade are required.

Applicant's Statement:

I hereby certify that the statements contained herein are correct. I understand that conditions of approval may be required to adequately protect the zone or neighborhood within which the proposal is located, and I agree to abide by those conditions.

I have read, understand, and agree with all of the above statements.

Applicant Signature

Date

Note: The City of Bremerton does not discriminate because of race, sex, color, religion, national origin, age, or disability in the provision of services, in programs or activities, or employment opportunities and benefits