CITY OF BAINBRIDGE ISLAND

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PETITION FOR ROAD NAME APPLICATION

Project Name:		
Tax Parcel Number:		
Current Address:		
City:	**State:**	**Zip:**

Property Owner			**Applicant/Agent** ☐ **Same as Property Owner**		
Name			**Name**		
Address:			**Address:**		
City:	**State:**	**Zip:**	**City:**	**State:**	**Zip:**
Phone:			**Phone:**		
Email:			**Email:**		

The City of Bainbridge Island coordinates addresses and street names with the Bainbridge Island Fire Department, Kitsap County, CENCOM (911), the U.S. Post Office and the Bainbridge Island Police Department so that emergency vehicles and personnel can quickly and accurately find the location to which they've been called and so that mail may be delivered accurately.

PROPERTY USE TYPE:

☐ **Single Family Residence** ☐ **Multi Family Residence** ☐ **Commercial**

☐ **Vacant Land** ☐ **Other**_____

Chapter 12.16 Street and House Numbering

The following information is needed in order to process a Petition for Road Name:

- ☐ The tax parcel number of each property owner affected by the change.
- ☐ The existing address of each property owner affected by the change.
- ☐ A vicinity map showing the proposed road to be named, adjacent and intersecting roads, and all affected parcels. For mapping and parcel details through Kitsap County, please refer to https://psearch.kitsapgov.com/pdetails/.
- ☐ Provide all documentation regarding planning conditions for road improvement on short plats, easement grants, road ownership, etc. that may have an effect on this change.
- ☐ Road Name Choices – see below

Limit name to 13 letters (public road) or 11 letters (private road).
Do not include the direction (i.e., N, SE) or street type designation (i.e., Ave, Rd, St, Dr); these are determined based on code.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Documentation from the majority of property owners affected by a road name change will be considered by the Department in consultation with the Bainbridge Island Fire Department and a formal decision will be issued regarding the request.

APPLICANT INFORMATION:

Print Name (Owner)	Signature (Owner)	Date
Print Name (Owner/Agent)	Signature (Owner/Agent)	Date

PROPERTY OWNER INFORMATION:

Affected Parcels:

Parcel #:	Owner:	Existing Address:

Print Name (Owner) Signature (Owner) Date

Print Name (Owner) Signature (Owner) Date

Print Name (Owner) Signature (Owner) Date

Print Name (Owner) Signature (Owner) Date

Print Name (Owner) Signature (Owner) Date