

## CONCURRENCY TEST

	nttp://www.codepublishing.com/wa/kitsapcounty/. For go to KCC Title 20 Transportation. For regulations on cilities go to KCC 20.04.
Applicant Name:	Assessor Tax/Parcel #:
Project Name:	
Section 1 – Project Information  ☐ Single Family Residential (1 Home)	
Is this an Accessory Dwelling Unit (ADL Accessory Living Quarter (ALC Is the ADU or ALQ for elderly care?  Residential Plat  Total number of lots:	Please provide all known information
Section 2 – Office Use Only  Type of Certificate Desired:	Permit Number:  BP Number Assigned:  Project/Plat Number:  Average Daily Trips:  Notes:
Total Fee Due:	Date: