



# BUILDING PERMIT APPLICATION Print in ink

**CITY OF PORT ANGELES**  
 Attn: Building Permit Technician  
 321 E. Fifth St., Port Angeles, WA 98362  
 (360) 417-4815 fax (360) 417-4711

For City Use Only:	
Date Received	_____
Permit #	_____
Date Approved	_____

Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
 Property Owner \_\_\_\_\_ Phone \_\_\_\_\_  
 Property Owner's Address \_\_\_\_\_  
 Contractor \_\_\_\_\_ Phone \_\_\_\_\_  
 Contractor's Address \_\_\_\_\_  
 License # \_\_\_\_\_ Expires \_\_\_\_\_ E-mail \_\_\_\_\_

<b>PROJECT ADDRESS</b>		
Parcel Number	Lot	Zoning

**Project Type & Brief Description:**       Residential       Multi-family       Commercial       Industrial

Check all that apply

New Construction \_\_\_\_\_

Addition \_\_\_\_\_

Remodel \_\_\_\_\_

Repair \_\_\_\_\_

Demolition \_\_\_\_\_

Re-roof       House  garage  other       tear off & re-roof  lay over one layer

Heat System       Heat pump  wood-burning stove  gas fireplace  pellet stove  other

Other \_\_\_\_\_

<u>Floor Areas</u>	<u>Existing (sq. ft.)</u>	<u>Proposed (sq. ft.)</u>	@ \$ _____	per sq. ft. = \$ _____
Basement	_____	_____	_____	_____
1 <sup>st</sup> Floor	_____	_____	_____	_____
2 <sup>nd</sup> Floor	_____	_____	_____	_____
3 <sup>rd</sup> Floor	_____	_____	_____	_____
Garage	_____	_____	_____	_____
Carport	_____	_____	_____	_____
Covered Porch	_____	_____	_____	_____
Deck	_____	_____	_____	_____
Shed	_____	_____	_____	_____
Other	_____	_____	_____	_____
<b>TOTAL VALUATION \$</b>				

Total footprint of structures \_\_\_\_\_ sq. ft. ÷ Lot size \_\_\_\_\_ sq. ft. = Lot coverage \_\_\_\_\_ %  
 Site Coverage = the amount of impervious surface on a parcel, including structures, paved driveways, sidewalks, patios, and other impervious surfaces. (see PAMC 17.94.135 for exemptions)      Site coverage \_\_\_\_\_ %

Max. height of proposed structures \_\_\_\_\_ ft.      Occupancy group \_\_\_\_\_      # of bedrooms \_\_\_\_\_  
 Will a lawn sprinkler system be installed? \_\_\_\_\_      Occupant load \_\_\_\_\_      # of full baths \_\_\_\_\_  
 Will a fire sprinkler system be installed? \_\_\_\_\_      Construction type \_\_\_\_\_      # of half baths \_\_\_\_\_

*I have read and completed this application and know it to be true and correct. I am authorized to apply for this permit and understand that it is my responsibility to determine what permits are required, and to obtain permits prior to working on projects.*

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_