

APPLICATION FEES

CUP: \$500 & \$350 (SEPA)

Total \$850

Administrative CUP

\$200 & \$125 SEPA

Total: \$325



**CITY OF PORT ANGELES
CONDITIONAL USE PERMIT**

APPLICATION

FOR OFFICE USE ONLY

Date Rec'd: _____

File Number: _____

HTE # _____

Received by: _____

****IMPORTANT * PLEASE READ ****

Only completed applications will be accepted. To be considered complete, an application must include all of the following information:

- A completed application signed by the applicant and the property owner (if different than the applicant).
- A completed SEPA Checklist signed by the applicant.
- A vicinity map (showing the site in relation to surrounding properties)
- A site plan (accurately drawn at 1"=20' scale with complete dimensions showing all property lines, existing and proposed structures and parking spaces, setbacks and significant vegetation).
- Interior floor plans for each floor of any structure to be used for the proposed activity.
- Exterior building elevations for each side of any building that will be constructed for the proposed use.
- ★★. Mailing labels and list of property owners within 300' of the proposed site. A list of the property owners may be obtained from the County Assessor's Office.**
- Application fee.

It is important to be *accurate* and *complete* with the information regarding all aspects of your project. The Planning Commission's decision and staff recommendation will be based on the information contained in this application, and will be limited to the proposal as presented. **Changes to your project from what is submitted may result in the delay of your project's review.** Certain proposals are decided administratively such (retail stand permits, home occupations, and bed and breakfast uses). These permits **do not** require a public hearing process.

Please do not hesitate to ask if you have any questions regarding the permit process, time periods, or restrictions of certain applications. Community Development Department personnel may be reached at 417-4750 between the hours of 8 a.m. and 5 p.m. Monday through Friday.

NOTES: (For your use)

Appl. # _____

APPLICANT/OWNER INFORMATION:

Applicant: _____

Address: _____ Daytime phone #: _____

Applicant's representative (if other than applicant): _____

Address: _____ Daytime phone #: _____

Property owner (if other than applicant): _____

Address: _____ Daytime phone #: _____

PROPERTY INFORMATION:

Street address: _____

Legal description: _____

Zoning: _____ Comprehensive Plan designation: _____

Property dimensions: _____ Property area (total square feet): _____

Physical characteristics (i.e., flat, sloped, vacant, developed, etc.): _____

PROPOSED USE INFORMATION:

Please describe the proposed conditional use: _____

Number of employees: _____ Hours of operation: _____

Number of on-site parking spaces: _____

Building area (total square feet of floor area for the proposed activity): _____

SIGNATURES:

Applicant:

I certify that all of the above statements are true and complete to the best of my knowledge and acknowledge that wilful misrepresentation of information will terminate this permit application. I have read this application in its entirety and understand that my submittal will be reviewed for completeness. If found to be complete the application will be scheduled for the next available Planning Commission meeting. If not complete, when requested information has been received the application will be scheduled for the next available meeting.

Signature _____ Date _____

Owner (if other than applicant):

I am the owner of the subject property identified herein and approve of this application.

Signature _____ Date _____

For Staff Use Only:

Permit No. _____

Appl. complete _____

Add. Info requested _____