

ESA



ENVIRONMENTALLY SENSITIVE AREAS PERMIT APPLICATION

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362
360.417.4750 | www.cityofpa.us | ced@cityofpa.us

file no. _____

APPLICANT INFORMATION

Applicant Name: _____ (Property Owner: Yes No)

Mailing Address: _____

Phone: _____ Email: _____

Applicant's Representative (If other than applicant): _____

Phone: _____ Email: _____

(If applicant, or applicant's representative, is not the owner, property owner acknowledgment of this proposed land use action must be provided)

PROJECT INFORMATION

Project Title: _____

Project Summary:
(1-2 Sentences) _____

SUBJECT PROPERTY

Full Street Address: _____

Property ID / Parcel #: _____ Current Zoning: _____

Shoreline Designation: _____

Property Owner(s): _____ (Same as Applicant)

Property Owner Address: _____

(See reverse for multiple property owners)

REQUIRED APPLICATION MATERIALS CHECKLIST

Only completed applications will be accepted. An application must include all of the following information:

- ESA:** A completed application signed by the applicant or applicant's representative
- Narrative:** A detailed description of proposed work (Who, What, Where, When, Why)
- Environmental Report:** A report prepared by a qualified professional (PAMC 15.20.060(c))
- SEPA Checklist:** Complete all questions and acquire authorized signature
- Site Plan:** A detailed site plan, identifying the ESA, vegetation, and all structures (Scale 1"=20')

CITY MANAGER SIGNATURE

Date	Print Name	Signature of City Manager
Notes:		
Fees: \$125		DATE STAMP



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PROPERTY INFORMATION

(If multiple ownerships exist for the project)

Full Street Address: _____

2 Property ID / Parcel #: _____ Current Zoning: _____

Property Owner(s): _____

Full Street Address: _____

3 Property ID / Parcel #: _____ Current Zoning: _____

Property Owner(s): _____

Full Street Address: _____

4 Property ID / Parcel #: _____ Current Zoning: _____

Property Owner(s): _____

Full Street Address: _____

5 Property ID / Parcel #: _____ Current Zoning: _____

Property Owner(s): _____

PRIMARY POINT OF CONTACT

(Please indicate the primary point of contact for any updates or changes)

Primary Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

I have read and completed the application and attached all application materials and know it to be true and correct. I am authorized to apply for this permit and understand that additional information may be required and it is my responsibility to determine what other permits are required and to obtain permits prior to work, use, or activity. I understand that I will forfeit fees if I withdraw the application prior to permit issuance.

1	_____	_____	_____
	Date	Print Name	Signature
2	_____	_____	_____
	Date	Print Name	Signature
3	_____	_____	_____
	Date	Print Name	Signature
4	_____	_____	_____
	Date	Print Name	Signature
5	_____	_____	_____
	Date	Print Name	Signature