



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: James Niederschmidt (Property Owner: Yes No)

Mailing Address: 719 S E St, Port Angeles, WA 98363

Phone: (206) 822-5677 Email: english_sciences@yahoo.com

Applicant's Representative (If other than applicant): Lara Kawal

Phone: 360-460-7151 Email: larakawal@hotmail.com

(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: 736 E 9th St. Port Angeles, WA 98362

Project Summary:
(1-2 Sentences) Construct a single-family dwelling with a 430-sqft footprint. The 884-sqft two story house will have roof access. Development will occur almost entirely within the 150-ft stream corridor, but it is outside of the 75-ft stream buffer. The action Area is approximately 640-sqft.

Full Street Address: 736 East 9th St., Port Angeles, Wa, 98362

Property ID / Parcel #: LOT 9 BLK 284 TPA of the City of Port Angeles Current Zoning: P-PBP/ P-RS7

Shoreline Designation: _____

Property Owner(s): DAVID LUX (Same as Applicant)

Property Owner Address: 717 St. Joseph Lane, Park Hills, Ky 41011-3813

(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

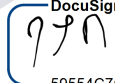
(Please indicate the primary point of contact for any updates or changes)

Primary Contact Name: Lara Kawal

Mailing Address: 719 S E St. Port Angeles, WA 98363

Phone: 360-460-71551 Email: larakawal@hotmail.com

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	<u>3/20/2022</u>	<u>James Niederschmidt</u>	
	Date	Print Name	Signature
2	_____	_____	_____
	Date	Print Name	Signature
3	_____	_____	_____
	Date	Print Name	Signature
4	_____	_____	_____
	Date	Print Name	Signature
5	_____	_____	_____
	Date	Print Name	Signature

DocuSigned by:

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