



APPLICATION COVER SHEET

Department of Community & Economic Development

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



APPLICANT INFORMATION

Applicant Name: _____ (Property Owner: Yes No)

Mailing Address: _____

Phone: _____ Email: _____

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

Phone: _____ Email: _____

SUBJECT PROPERTY

Property Owner(s): _____

Property Owner Address: _____

Full Street Address: _____

Full Legal Description: _____

Parcel ID: _____

Current Zoning: _____

APPLICATION / PERMIT TYPE

ENVIRONMENTAL

- Environmental Sensitive Area
- Flood Development
- Shoreline Development
- State Environmental Policy Act
- Wetland Permit

LAND DIVISION AND ALTERATION

- Annexation
- Boundary Line Adjustment
- Short Plat
- Subdivision
- Street Vacation
- Lot Conformation

OTHER: _____

MUNICIPAL

- Municipal Code Amendment
- Comprehensive Plan Amendment

ZONING & USES

- Conditional Use - Type:
- Home Occupation
- Temporary Use
- Unclassified Use
- Overlay - Type:
- Variance - Type:
- Mobile & Itinerant Vendor – Type:
- Rezone

STAFF USE ONLY:

Notes:

Date Stamp



STATE ENVIRONMENTAL POLICY ACT

PERMIT APPLICATION

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SUBJECT PROPERTY

Property Address(es): _____

Full Street Address: _____

Parcel ID: _____

REQUIRED APPLICATION MATERIALS

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

- SEPA Checklist:** Complete all questions and acquire authorized signatures.
- Applicable Reports & Building Plans:** Site Plans, Environmental Reports, etc.

SIGNATURE

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.

Date _____ Print Name _____ Signature (Owner Representative)

STAFF USE ONLY:

Notes:

Date Stamp