



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



MUNICIPAL CODE AMENDMENT APPLICATION

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REQUIRED MATERIALS CHECKLIST

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

- Land Use Map** (when applicable)
- Amendment Narrative:** A detailed statement of what is proposed to be changed and why. Please include specific citations and page numbers.
- Amendment Impacts:** A detailed statement of anticipated impacts of the proposed change, including the geographic area affected and the issues presented.

PROPOSED TEXT OR LANDUSE MAP CHANGES

Please write a brief statement (1 to 2 sentences):

JUSTIFICATION FOR CHANGES

Please write a brief statement (1 to 2 sentences):

ACKNOWLEDGEMENT

I have read and completed the 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 work, use, or activity. I understand that I will forfeit review fees if I withdraw the application before the permit is issued.

Date _____ Print Name _____ Signature (Owner Representative)

STAFF USE ONLY:

Notes:

Date Stamp