



CERTIFICATE OF OCCUPANCY

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362

360.417.4817 | www.cityofpa.us | permits@cityofpa.us

CITY USE ONLY

App. #: _____

Received: _____

Please submit a Certificate of Occupancy Application prior to opening a business within Port Angeles.

APPLICANT INFORMATION

Applicant Name: _____ (Property Owner: Yes No)

Mailing Address: _____

Phone: _____ Email: _____

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

Phone: _____ Email: _____

BUSINESS INFORMATION

Business Name: _____

Business Description: _____

Business Address: _____

Zoning Classification: _____ Tax Parcel No.: _____

Business Owner Name: _____ (Same as applicant:)

Business Owner Address: _____ (Same as applicant:)

Phone Number: _____ Email: _____

Opening Date: _____ Hours of Operation: _____

PROPERTY INFORMATION

Property Owners Name: _____ (Same as applicant:)

Property Owner Address: _____ Phone: _____

SIGNATURE

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. I understand that plan review fees are not refundable after review has occurred. I understand that I will forfeit review fees if I withdraw the application before the permit is issued. I understand that additional information may be required when determined necessary by the building official and if the permit is not picked up/issued within 180 days of submittal, the application will be considered abandoned and the fees will be forfeited.

Date _____ Print Name _____ Signature (Applicant Owner Representative)

Notes:

Fees: \$50 processing + \$100 for businesses within the PBI (PAMC 3.72)

DATE STAMP

CERTIFICATE OF OCCUPANCY

Business Name: _____

Business Address: _____

DEPARTMENT APPROVAL

Please answer the following questions:

Building Division	(360) 417 - 4815
Restaurant serving 50+: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Construction/Remodel Planned: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Business Area Square Footage: _____	
<small>(Building and electrical permits are required when work is associated with moving/building/repairing walls, insulation, adding/expanding windows and doors, HVAC systems, roofing, siding, foundation work, ramps, stairwells, plumbing, electrical, etc.)</small>	
Building Division Approval:	
Initials: _____	Date: _____

Fire Department	(360) 417 - 4653
Are any changes planned for the fire sprinkler system, fire alarm system, or any fire related services: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please describe:	
Fire Department Approval:	
Initials: _____	Date: _____

Please contact the following departments ONLY if you answer "YES" to any department questions

PBIA	(360) 417 - 4653
Is the business located in the Parking Business Improvement Area (PBIA): <input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(PBIA information and boundaries can be found in Chapter 3.72 of the Port Angeles Municipal Code)</small>	
PBIA Notified:	
Initials: _____	Date: _____

City Clerk	(360) 417 - 4634
Is this business or does this business include any of the activities listed below: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>A second-hand dealer/pawnbroker, taxi service, ambulance service, dance hall or includes dancing, tattoo, or hotel/motel/hostel/accommodation. (*A P.A. business license is required for listed activities)</small>	
City Clerk Approval:	
Initials: _____	Date: _____

Comm. & Econ. Development	(360) 417 - 4750
Off-street parking provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	
# of off-street parking spaces: _____	
Any new or replaced signs? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(*All new or replaced signs require a sign permit)</small>	
Describe Sign (size, type, location):	
Comm. & Econ. Development Approval:	
Initials: _____	Date: _____

Public Works	(360) 417 - 4812
Is site work* planned: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(*Includes sewer, water, excavation, grading, clearing, right-of-way, driveway, stormwater, parking lots, etc.)</small>	
Will waste, other than domestic household waste, be discharged into the sewer system:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(For wastewater please contact: (360) 417 - 4845)</small>	
Public Works Official Approval:	
Initials: _____	Date: _____

**You are REQUIRED to contact the Departments listed AFTER application submittal.
When all approvals, inspections, and notification have been completed
contact the Community & Economic Development Department**