



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.

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: _____ - _____

APPLICANT INFORMATION

Applicant Name: _____ (Property Owner: Yes No)

Mailing Address: _____

Phone: _____ Email: _____

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

Phone: _____ Email: _____

PROPERTY INFORMATION

Property Owners Name: _____ (Same as applicant:)

Property Owner Address: _____ Phone: _____

REQUIRED APPLICATION MATERIALS CHECKLIST

- Site Plan:** A detailed site plan depicting structures, parking, and signage
- Floor Plan:** A detailed floor plan depicting rooms, space usage, and area of each occupiable space

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 (<input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Representative) |
|--------|------------|--|
| Notes: | DATE STAMP | |
| | | |

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Business Name:

Business Address:

DEPARTMENT APPROVAL

Please answer the following questions:

Building Division (360) 417 - 4815

Restaurant serving 50+: YES NO

Construction/Remodel Planned: YES NO

Business Area Square Footage: _____

(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.)

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: YES 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 - 4614

Is the business located in the Parking Business Improvement Area (PBIA): YES NO

(PBIA information and boundaries can be found in Chapter 3.72 of the Port Angeles Municipal Code)

PBIA Notified:

Initials: _____ Date: _____

City Clerk (360) 417 - 4634

Is this business or does this business include any of the activities listed below: YES NO

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)

City Clerk Approval:

Initials: _____ Date: _____

Comm. & Econ. Development (360) 417 - 4750

Off-street parking provided: YES NO

of off-street parking spaces: _____

Any new or replaced signs? YES NO

(*All new or replaced signs require a sign permit)

Describe Sign (size, type, location):

Comm. & Econ. Development Approval:

Initials: _____ Date: _____

Public Works (360) 417 - 4812

Is site work* planned: YES NO
(*Includes sewer, water, excavation, grading, clearing, right-of-way, driveway, stormwater, parking lots, etc.)

Will waste, other than domestic household waste, be discharged into the sewer system:

YES NO

(For wastewater please contact: (360) 417 - 4845)

Public Works Official Approval:

Initials: _____ Date: _____

**You are REQUIRED to contact the following departments AFTER submitting this application:
When all approvals, inspections, and notification have been completed
contact the Community & Economic Development Department**