



GENERAL BUILDING PERMIT APPLICATION
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:

PROJECT INFORMATION

Single-Family Residential Multi-Family Residential Commercial Industrial Public
Project Address:
Tax Parcel No.: Zoning:
Primary Contact: (Property Owner: Yes No)
Phone: Email:

OWNER INFORMATION

Name: Phone:
Mailing Address: Email:

CONTRACTOR INFORMATION

Name: License #:
Mailing Address: Expiration Date:
Email: Phone:

CONSTRUCTION CLASSIFICATION

New Construction Manufactured Building Addition Remodel Repair Inspection Only
Foundation Fence Retaining Wall

PROJECT DESCRIPTION

Project Value (Materials + Labor): \$
Please summarize proposed work:

APPLICATION MATERIALS CHECKLIST

- General Building permit Application (BP GEN): Complete front and back of the application
Building Permit Stormwater (BP SW): Submit if the project adds or replaces any hard surfaces
Scaled Site Plan (x2): Please submit a detailed site plan. No larger than 11"x17" paper. (Scale: 1"=20')
Building/Construction Plans (x2): Detailed drawings/engineering of construction plans and elevations
Other Applications when Applicable: Fire related, Wastewater Questionnaire, Waste Disposal
A Digital Copy of Site and Building Plans: E-mailed to: permits@cityofpa.us

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 (Owner Contractor Representative)

# PROJECT DETAILS

PROJECT ADDRESS: \_\_\_\_\_

## NEW STRUCTURES & ADDITIONS

Single-Family Residential  
  Multi-Family Residential  
  Commercial  
  Industrial  
  Public

| Location Description          | Existing (sq.ft) + Proposed (sq.ft) = Total (sq.ft) | Proposed Value | Comments |
|-------------------------------|---|----------------|----------|
| Main Floor                    |   | \$             |          |
| Upper Floor(s)                |   | \$             |          |
| Basement                      |   | \$             |          |
| Covered Deck / Porch / Entry  |   | \$             |          |
| Deck                          |   | \$             |          |
| Garage (Attached / Detached)  |   | \$             |          |
| Carport (Attached / Detached) |   | \$             |          |
| Other (Describe):             |   | \$             |          |
| <b>TOTAL</b>                  |   | <b>\$</b>      |          |

## LOT & SITE COVERAGE CALCULATIONS (For new construction and additions only)

|                |  |              |   |
|----------------|--|--------------|---|
| Lot Details    | Dimensions _____ ft. x _____ ft.   or <input type="checkbox"/> Irregular | total sq.ft. |   |
| Lot Coverage*  | Total footprint area of all structures on the property                   | total sq.ft. | % |
| Site Coverage* | Total area of all impervious surfaces                                    | total sq.ft. | % |

**\*Lot Coverage:** The percent of ground area of a lot on which buildings are located. (PAMC 17.08.065)

**\*Site Coverage:** The amount of impervious surface on a parcel, including structures, driveways, sidewalks, patios, and other impervious surfaces. (PAMC 17.08.095)

## MECHANICAL DETAILS (If Applicable)

*Please indicate how many of each type of fixture is to be installed or relocated as part of the project.*

|                                    |               |    |  |    |
|------------------------------------|---------------|----|--|----|
| Air Handler                        | Size:         | #: | Heater (Suspended/Floor/Recessed Wall)   | #: |
| Furnace/Heat Pump/ Forced air Unit | Size:         | #: | Heating/Cooling Appliance (Repair/Alter) | #: |
| Appliance Exhaust Fan              | #:            |    | Pellet/Wood/Gas Stove, Fireplace, Misc.  | #: |
| Evaporated Cooler (Attached)       | #:            |    | Vent Fan (Single Duct)                   | #: |
| Fuel Gas Piping                    | # of outlets: |    | Vent System                              | #: |
| Hazard / Non-Hazard Piping         | # of outlets: |    | Other: _____                             | #: |

## PLUMBING DETAILS (If Applicable)

*Please indicate how many of each type of fixture is to be installed or relocated as part of the project.*

|                      |               |  |               |
|----------------------|---------------|--|---------------|
| Plumbing Traps       | #:            | Water Heater   | #:            |
| Plumbing Vent Piping | # of outlets: | Medical Gas Piping                                       | # of outlets: |
| Water Line           | # of outlets: | Fuel Gas Piping  | # of outlets: |
| Sewer Line           | # of outlets: | Industrial Waster Pretreatment Interceptor (Grease Trap) | #:            |
| Vent System          | #:            | Backflow Protection Device (size: _____ in.)             | #:            |
| Other:               |               |  |               |

## ADDITIONAL DETAILS (If Applicable)

|                               |  |                         |        |
|-------------------------------|--|-------------------------|--------|
| Irrigation System             | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Proposed | Proposed Bedrooms/Baths | #:   / |
| Fire Sprinkler System         | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Proposed | Proposed Dwelling Units | #:     |
| Is the project in Flood Zone? | <input type="checkbox"/> YES (Zone ID: _____) <input type="checkbox"/> NO                  | Structure Value         | \$     |