

ESE



ENVIRONMENTALLY SENSITIVE AREA EXCEPTION APPLICATION

Department of Community & Economic Development

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

file no. _____

Port Angeles Municipal Code Section 15.20.080 defines those activities that are exception to the development restrictions and standards for the City's Environmentally Sensitive Areas. To file for exception from a Environmental Sensitive Areas Development Restrictions and Standards, please the materials in the checklist below.

APPLICANT INFORMATION

Applicant Name: _____ (Property Owner: Yes No)

Mailing Address: _____

Phone: _____ Email: _____

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

Phone: _____ Email: _____

(If applicant, or applicant's representative, is not the owner, property owner acknowledgment of this proposed land use action must be provided)

PROJECT INFORMATION

Project Title: _____

Project Summary:
(1-2 Sentences)

SUBJECT PROPERTY

Full Street Address: _____

Property ID / Parcel #: _____ Current Zoning: _____

Shoreline Designation: _____

Property Owner(s): _____ (Same as Applicant)

Property Owner Address: _____

(See reverse for multiple property owners)

REQUIRED APPLICATION MATERIALS CHECKLIST

- ESE:** A completed application signed by the applicant or applicant's representative
- ESE Request Letter:** A detailed letter, on letterhead, of proposed work, and the requested exemption per PAMC 15.20.080. Please include site details, which may include photos, site plans, or maps
- Signature from City Manager:** If the property is owned by the City, a signature from the City is required below.

CITY MANAGER SIGNATURE

(Only required if the project is located on City Property)

| Date | Print Name | Signature of City Manager |
|--------------|------------|---------------------------|
| Notes: | | |
| Fees: \$0.00 | | <small>DATE STAMP</small> |



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PROPERTY INFORMATION

(If multiple ownerships exist for the project)

Full Street Address: _____

2 Property ID / Parcel #: _____ Current Zoning: _____

Property Owner(s): _____

Full Street Address: _____

3 Property ID / Parcel #: _____ Current Zoning: _____

Property Owner(s): _____

Full Street Address: _____

4 Property ID / Parcel #: _____ Current Zoning: _____

Property Owner(s): _____

Full Street Address: _____

5 Property ID / Parcel #: _____ Current Zoning: _____

Property Owner(s): _____

PRIMARY POINT OF CONTACT

(Please indicate the primary point of contact for any updates or changes)

Primary Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

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.

| | | | |
|---|-------|------------|-----------|
| 1 | _____ | _____ | _____ |
| | Date | Print Name | Signature |
| 2 | _____ | _____ | _____ |
| | Date | Print Name | Signature |
| 3 | _____ | _____ | _____ |
| | Date | Print Name | Signature |
| 4 | _____ | _____ | _____ |
| | Date | Print Name | Signature |
| 5 | _____ | _____ | _____ |
| | Date | Print Name | Signature |