



TEMPORARY BUILDING PERMIT FEE WAIVER

Department of Community & Economic Development

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

FILE NO. _____

The purpose of a Temporary Building Permit Fee Waiver (TBPFW) is to encourage the development of a variety of housing types reserved for families at or below 80% area median income (AMI) until September 1, 2028. By completing this application, the applicant is agreeing to ensure through their own due diligence that any structure utilizing this fee waiver will meet the requirements of Port Angeles Municipal Code (PAMC) 3.70.080.

CONTACT INFORMATION

Property Owner Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Applicant (if other than Owner): _____

Phone: _____ Email: _____

(If the applicant, or applicant's representative, is not the property owner, written authorization from the owner for this proposed action must be provided)

PROPERTY INFORMATION

Full Street Address: _____

Full Legal Description: _____

Parcel Number: _____ Current Zoning: _____

Comprehensive Plan Designation: _____

APPLICATION MATERIALS CHECKLIST

- TBPFW Application:** A completed application signed by the property owner
- Associated Building Permit:** Permit # _____
- Project Narrative:** Explaining how the property will satisfy the affordable housing commitment proposed
- Acknowledgment of fee and penalty liability:** An affidavit signed by the property owner and notarized

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 exemption and understand that additional information may be required. I understand that I will forfeit fees if I withdraw the application prior to exemption issuance. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct.

Date	Print Name	Signature (Owner	Representative)
Notes:			
Total Fees Waived:			
		DATE STAMP	



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PROJECT INFORMATION

Is the project site currently vacant? Yes No

Number of existing residential units: Occupied: _____ Vacant: _____ Total: _____

Total number of dwelling units proposed by type: ADU ___ DUPLEX ___ TRIPLEX ___

COTTAGE DEVELOPMENT ___ MULTI-FAMILY ___ **Net Gain of Units** ___

Number of units for which a fee waiver is requested: _____

Will the owner/developer occupy one of the property units? Yes ___ No ___

Rehabilitation/Demolition of vacant units: _____ / _____ Conversion from non-residential use: _____

Rental Units: _____ Owner Occupied _____ Affordable: _____

Anticipated Construction Start Date: _____ Anticipated Construction Completion Date: _____

Residential: New Construction Rehabilitation

Unit Mix	# of Units	Avg. Unit Size	Total SF	Total Cost	Cost Per Unit
Studio/1 Bdrm					
2 Bedrooms					
3+ Bedrooms					
Common Areas*					
Totals				A	
Cost per SF				B	

* Includes residential lobbies, recreation areas, parking, storage areas, etc.

Non-Residential:

Use Mix	Total SF	Total Cost	Cost per SF
Commercial, Office, Retail, etc.		C	D
Commercial Common Areas*			
Totals		E	

* Includes commercial lobbies, restrooms, parking, storage areas, etc.

Projected cost and floor area (SF) of new construction/rehabilitation:

Projected total cost and cost/SF of **residential** construction/rehabilitation: \$ _____ A _____ B \$/SF
 Projected total cost and cost/SF of **non-residential** construction/rehabilitation: \$ _____ C _____ D \$/SF
 Total projected cost of all new construction/rehabilitation: \$ _____ E (A+C)

Source of Cost Estimates: _____



STATEMENT ON REMOVAL FROM TEMPORARY BUILDING PERMIT FEE WAIVER PROGRAM & OWNER RESPONSIBILITY

The purpose of the Port Angeles Temporary Building Fee Waiver program is to encourage the development of a variety of housing types reserved for families at or below 80% AMI until September 1, 2028. A unit having been approved for this temporary fee waiver may be removed from said program for the following reasons:

- A unit is bought by or rented to a family above 80% AMI before September 1, 2028
- A unit is utilized as a short term rental before September 1, 2028
- A unit is converted to a housing type not eligible for this fee waiver before September 1, 2028

If a unit utilizing the temporary building permit fee waiver program is removed from said program the original building permit fee waived through this program will be remitted to the City of Port Angeles.

The original building permit fee is due within 30 days of the property's removal from this program, and the total bears interest thereafter at the rate provided for delinquent property taxes.

AFFIRMATION

As owner(s) of the land described in this application, I hereby indicate by my signature that I am aware of the fees to which the property will be subject if the waiver authorized by Port Angeles Municipal Code 3.70.080 is violated or canceled. I declare under penalty of perjury under the laws of the State of Washington that this application and any accompanying documents have been examined by me and that they are true, correct and complete to the best of my knowledge.

Signature(s) of all Owner(s) and Contract Purchaser(s) **(Required):**

Name Printed

Name Printed

Signature Date

Signature Date

Name Printed

Name Printed

Signature Date

Signature Date

(Fill out an additional page if there are more parties of record)



RESERVATION FOR FAMILIES AT OR BELOW 80% AMI

I/We, owner(s) of the building described herein, hereby swear under penalty of perjury that the dwelling units located at (address) _____ for which a temporary building permit fee waiver has been requested, is legally described as

with Assessor's Parcel Number(s) of _____

The unit numbers are: _____ and will be reserved for families at or below 80% AMI until September 1, 2028.

EXECUTED this _____ day of _____ 20____.

Signature

Name Printed

STATE OF WASHINGTON)
COUNTY OF CLALLAM)SS

I CERTIFY that I know or have satisfactory evidence that _____, is the person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the _____ of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATE

SIGNATURE OF NOTARY PUBLIC

PRINTED

TITLE

DATE APPOINTMENT EXPIRES

(Seal or Stamp)