



APPLICATION COVER SHEET

Department of Community & Economic Development

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

360.417.4750 | www.cityofpa.us | ced@cityofpa.us

APPLICANT INFORMATION

Applicant Name: _____ (Property Owner: Yes No)

Mailing Address: _____

Phone: _____ Email: _____

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

Phone: _____ Email: _____

SUBJECT PROPERTY

Property Owner(s): _____

Property Owner Address: _____

Full Street Address: _____

Full Legal Description: _____

Parcel ID: _____

Current Zoning: _____

APPLICATION / PERMIT TYPE

ENVIRONMENTAL

- Environmental Sensitive Area
- Flood Development
- Shoreline Development
- State Environmental Policy Act
- Wetland Permit

LAND DIVISION AND ALTERATION

- Annexation
- Boundary Line Adjustment
- Short Plat
- Subdivision
- Street Vacation
- Lot Conformation

MUNICIPAL

- Municipal Code Amendment
- Comprehensive Plan Amendment

ZONING & USES

- Conditional Use - Type:
- Home Occupation
- Temporary Use
- Unclassified Use
- Overlay - Type:
- Variance - Type:
- Mobile & Itinerant Vendor – Type:
- Rezone

OTHER: _____

STAFF USE ONLY:

Notes:

Date Stamp



FEE WAIVER APPLICATION

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The purpose of the fee waiver program is to remove barriers that impede the development of multi-family and affordable housing. The City of Port Angeles recognizes the need to provide more affordable housing for an increasing population. The City intends to accomplish this through higher density, infill, and an increased spectrum of housing options. By waiving fees for certain types of development, the City will incentivize the development of attainable housing.

PROJECT TYPE

Fee waivers are available for the development of the following structure types.

Select one or more of the following development types:

- | | |
|--|---|
| <input type="checkbox"/> Accessory Dwelling Unit | <input type="checkbox"/> Multifamily Housing |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Triplex | <input type="checkbox"/> Permanent Supportive Housing |
| <input type="checkbox"/> Fourplex | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Cottage Housing | <input type="checkbox"/> Emergency Housing |
| <input type="checkbox"/> Caretaker Unit | <input type="checkbox"/> Adult Family Homes |
| <input type="checkbox"/> Apartment Complex | <input type="checkbox"/> Low-Income Homeownership Programs (LIHP) |
| <input type="checkbox"/> Townhomes | |

Will the proposed unit(s) be the primary residential structure(s) on the property? Yes No

Estimated Project Cost: \$ _____

Estimated Project Start: _____

Estimated Project Finish: _____

REQUIRED MATERIALS CHECKLIST

An application may be determined complete when the items listed below are submitted to the Department of Community & Economic Development:

- Preliminary application meeting summary** (if applicable)
- Associated Building Permit Application** (if applicable)
Building Permit # _____
- Project Narrative**

SIGNATURE

I have read and completed the application and know it to be true and correct. I am authorized to apply and understand that it is my responsibility to determine what permits are required and to obtain permits prior to the commencement of any work, use, or activity. I understand that I will forfeit review fees if I withdraw the application.

Date _____ Print Name _____ Signature (Owner Representative)

STAFF USE ONLY:

Notes:	Date Stamp
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