



STATE ENVIRONMENTAL POLICY ACT COVER PAGE

Department of Community & Economic Development

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

file no. _____

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:

SUBJECT PROPERTY

Full Street Address: _____

Property ID / Parcel #: _____ Current Zoning: _____

Shoreline Designation: _____

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

Property Owner Address: _____

REQUIRED APPLICATION MATERIALS CHECKLIST

Only completed applications will be accepted. An application must include all of the following information:

- SEPA Cover Page:** A completed application signed by the applicant or applicant's representative
- SEPA Checklist:** Complete all questions and acquire authorized signatures

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.

Date _____ Print Name _____ Signature (Owner Representative) _____

Notes:

Fees: \$350.00 (\$125 for administrative CUPs)

DATE STAMP