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# CERTIFICATE OF OCCUPANCY

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: \_\_\_\_\_

Please submit a Certificate of Occupancy Application prior to opening a business within Port Angeles.

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ (Property Owner:  Yes  No)

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Representative (If other than applicant): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Business Description: \_\_\_\_\_

Business Address: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Tax Parcel No.: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ (Same as applicant: )

Business Owner Address: \_\_\_\_\_ (Same as applicant: )

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Opening Date: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

## PROPERTY INFORMATION

Property Owners Name: \_\_\_\_\_ (Same as applicant: )

Property Owner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## REQUIRED APPLICATION MATERIALS CHECKLIST

- Site Plan:** A detailed site plan depicting structures, parking, and signage
- Floor Plan:** A detailed floor plan depicting rooms, space usage, and area of each occupiable space

## SIGNATURE

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 ( Applicant  Owner  Representative)

Notes:

Fees: \$50 processing + \$100 for businesses within the PBA (PAMC 3.72)

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Business Name:

Business Address:

## DEPARTMENT APPROVAL

Please answer the following questions:

<b>Building Division</b>	(360) 417 - 4815
Restaurant serving 50+: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Construction/Remodel Planned: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Business Area Square Footage: _____	
<small>(Building and electrical permits are required when work is associated with moving/building/repairing walls, insulation, adding/expanding windows and doors, HVAC systems, roofing, siding, foundation work, ramps, stairwells, plumbing, electrical, etc.)</small>	
<b>Building Division Approval:</b>	
Initials: _____ Date: _____	

<b>Fire Department</b>	(360) 417 - 4653
Are any changes planned for the fire sprinkler system, fire alarm system, or any fire related services: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please describe:	
<b>Fire Department Approval:</b>	
Initials: _____ Date: _____	

**Please contact the following departments ONLY if you answer "YES" to any department questions**

<b>PBIA</b>	(360) 417 - 4614
Is the business located in the Parking Business Improvement Area (PBIA): <input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(PBIA information and boundaries can be found in Chapter 3.72 of the Port Angeles Municipal Code)</small>	
<b>PBIA Notified:</b>	
Initials: _____ Date: _____	

<b>City Clerk</b>	(360) 417 - 4634
Is this business or does this business include any of the activities listed below: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>A second-hand dealer/pawnbroker, taxi service, ambulance service, dance hall or includes dancing, tattoo, or hotel/motel/hostel/accommodation. (*A P.A. business license is required for listed activities)</small>	
<b>City Clerk Approval:</b>	
Initials: _____ Date: _____	

<b>Comm. &amp; Econ. Development</b>	(360) 417 - 4750
Off-street parking provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	
# of off-street parking spaces: _____	
Any new or replaced signs? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(*All new or replaced signs require a sign permit)</small>	
Describe Sign (size, type, location):	
<b>Comm. &amp; Econ. Development Approval:</b>	
Initials: _____ Date: _____	

<b>Public Works</b>	(360) 417 - 4812
Is site work* planned: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(*Includes sewer, water, excavation, grading, clearing, right-of-way, driveway, stormwater, parking lots, etc.)</small>	
Will waste, other than domestic household waste, be discharged into the sewer system:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(For wastewater please contact: (360) 417 - 4845)</small>	
<b>Public Works Official Approval:</b>	
Initials: _____ Date: _____	

**You are REQUIRED to contact the following departments AFTER submitting this application:  
When all approvals, inspections, and notification have been completed  
contact the Community & Economic Development Department**