



GENERAL BUILDING PERMIT APPLICATION
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:

PROJECT INFORMATION

Single-Family Residential Multi-Family Residential Commercial Industrial Public
Project Address:
Tax Parcel No.: Zoning:
Primary Contact: (Property Owner: Yes No)
Phone: Email:

OWNER INFORMATION

Name: Phone:
Mailing Address: Email:

CONTRACTOR INFORMATION

Name: License #:
Mailing Address: Expiration Date:
Email: Phone:

CONSTRUCTION CLASSIFICATION

New Construction Manufactured Building Addition Remodel Repair Inspection Only
Foundation Fence Retaining Wall

PROJECT DESCRIPTION

Project Value (Materials + Labor): \$
Please summarize proposed work:

APPLICATION MATERIALS CHECKLIST

- General Building permit Application (BP GEN)
Building Permit Stormwater (BP SW)
Scaled Site Plan
Building/Construction Plans (x2)
Other Applications when Applicable
A Digital Copy of Site and Building Plans

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 (Owner Contractor Representative)

# PROJECT DETAILS

PROJECT ADDRESS: \_\_\_\_\_

## NEW STRUCTURES & ADDITIONS

Single-Family Residential  
  Multi-Family Residential  
  Commercial  
  Industrial  
  Public

Location Description	Existing (sq.ft) + Proposed (sq.ft) = Total (sq.ft)	Proposed Value	Comments
Main Floor		\$	
Upper Floor(s)		\$	
Basement		\$	
Covered Deck / Porch / Entry		\$	
Deck		\$	
Garage (Attached / Detached)		\$	
Carport (Attached / Detached)		\$	
Other (Describe):		\$	
<b>TOTAL</b>		<b>\$</b>	

## LOT & SITE COVERAGE CALCULATIONS (For new construction and additions only)

Lot Details	Dimensions _____ ft. x _____ ft.   or <input type="checkbox"/> Irregular	total sq.ft.	
Lot Coverage*	Total footprint area of all structures on the property	total sq.ft.	%
Site Coverage*	Total area of all impervious surfaces	total sq.ft.	%

**\*Lot Coverage:** The percent of ground area of a lot on which buildings are located. (PAMC 17.08.065)

**\*Site Coverage:** The amount of impervious surface on a parcel, including structures, driveways, sidewalks, patios, and other impervious surfaces. (PAMC 17.08.095)

## MECHANICAL DETAILS (If Applicable)

*Please indicate how many of each type of fixture is to be installed or relocated as part of the project.*

Air Handler	Size:	#:	Heater (Suspended/Floor/Recessed Wall)	#:
Furnace/Heat Pump/ Forced air Unit	Size:	#:	Heating/Cooling Appliance (Repair/Alter)	#:
Appliance Exhaust Fan	#:		Pellet/Wood/Gas Stove, Fireplace, Misc.	#:
Evaporated Cooler (Attached)	#:		Vent Fan (Single Duct)	#:
Fuel Gas Piping	# of outlets:		Vent System	#:
Hazard / Non-Hazard Piping	# of outlets:		Other: _____	#:

## PLUMBING DETAILS (If Applicable)

*Please indicate how many of each type of fixture is to be installed or relocated as part of the project.*

Plumbing Traps	#:	Water Heater	#:
Plumbing Vent Piping	# of outlets:	Medical Gas Piping	# of outlets:
Water Line	# of outlets:	Fuel Gas Piping	# of outlets:
Sewer Line	# of outlets:	Industrial Waster Pretreatment Interceptor (Grease Trap)	#:
Vent System	#:	Backflow Protection Device (size: _____ in.)	#:
Other:			

## ADDITIONAL DETAILS (If Applicable)

Irrigation System	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Proposed	Proposed Bedrooms/Baths	#:   /
Fire Sprinkler System	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Proposed	Proposed Dwelling Units	#:
Is the project in Flood Zone?	<input type="checkbox"/> YES (Zone ID: _____) <input type="checkbox"/> NO	Structure Value	\$