



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

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

CONSTRUCTION CLASSIFICATION

- New Construction Manufactured Building Addition Remodel Repair Foundation
 Fence (If >6' high) Retaining Wall (If >4' high or >2' high with surcharge) Other: _____

PROJECT DESCRIPTION

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

APPLICATION MATERIALS CHECKLIST

- General Building Permit Application (BP^{GEN}):** Complete this form and have an authorized agent sign
- Stormwater Checklist (SWCL):** Submit if the project has any ground disturbing activities
- Scaled Site Plan:** Please submit a detailed site plan. (Scale: 1"=20')
- Building/Construction Plans:** Detailed drawings/engineering of construction plans and elevations
- Engineering:** Required for all projects in Seismic Zone E unless demonstrate R301.2.2.1.2 IRC
- Other Applications:** Electrical, Fire related, Wastewater Questionnaire, Waste Disposal, Right-of-Way for driveway, etc.

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)
 I am unable to sign digitally, but I agree to the terms above

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):		\$	
TOTAL		\$	

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	\$ _____
Is clearing or grading proposed:	<input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, estimate cut/fill total: _____ (cubic yard))		