

ESE



# ENVIRONMENTALLY SENSITIVE AREA EXCEPTION APPLICATION

Department of Community & Economic Development

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

file no. \_\_\_\_\_

Port Angeles Municipal Code Section 15.20.080 defines those activities that are exception to the development restrictions and standards for the City's Environmentally Sensitive Areas. To file for exception from a Environmental Sensitive Areas Development Restrictions and Standards, please the materials in the checklist below.

## 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: (1-2 Sentences)

## SUBJECT PROPERTY

Full Street Address: \_\_\_\_\_

Property ID / Parcel #: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Shoreline Designation: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_ ( Same as Applicant)

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

(See reverse for multiple property owners)

## REQUIRED APPLICATION MATERIALS CHECKLIST

- ESE:** A completed application signed by the applicant or applicant's representative
- ESE Request Letter:** A detailed letter, on letterhead, of proposed work, and the requested exemption per PAMC 15.20.080. Please include site details, which may include photos, site plans, or maps
- Signature from City Manager:** If the property is owned by the City, a signature from the City is required below.

## CITY MANAGER SIGNATURE

(Only required if the project is located on City Property)

Date	Print Name	Signature of City Manager
Notes:		
Fees: \$0.00		<small>DATE STAMP</small>



# ENVIRONMENTALLY SENSITIVE AREA EXCEPTION APPLICATION

Department of Community & Economic Development

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

\_\_\_\_\_ file no.

## PROPERTY INFORMATION

(If multiple ownerships exist for the project)

Full Street Address: \_\_\_\_\_

2 Property ID / Parcel #: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Full Street Address: \_\_\_\_\_

3 Property ID / Parcel #: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Full Street Address: \_\_\_\_\_

4 Property ID / Parcel #: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Full Street Address: \_\_\_\_\_

5 Property ID / Parcel #: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

## PRIMARY POINT OF CONTACT

(Please indicate the primary point of contact for any updates or changes)

Primary Contact Name: \_\_\_\_\_

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

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

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.

1	_____	_____	_____
	Date	Print Name	Signature
2	_____	_____	_____
	Date	Print Name	Signature
3	_____	_____	_____
	Date	Print Name	Signature
4	_____	_____	_____
	Date	Print Name	Signature
5	_____	_____	_____
	Date	Print Name	Signature