



# PRE-APPLICATION MEETING REQUEST

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362  
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file no. \_\_\_\_\_

The purpose of a pre-application meeting is to acquaint City Staff with a sufficient level of detail about the proposed development, in order for staff to advise applicants on the requirements of the Port Angeles Municipal Code and other applicable requirements for the City and other agencies. Meetings may be scheduled for no longer than one hour. Following the first meeting, any subsequent pre-application meetings may have an associated fee.

## PROJECT INFORMATION

Project Title: \_\_\_\_\_

- I would like to schedule a meeting regarding:
- |  |   |
|--|---|
| <input type="checkbox"/> Overlay Zoning Requirements     | <input type="checkbox"/> Shoreline Development Permitting |
| <input type="checkbox"/> Rezone or Street Vacation       | <input type="checkbox"/> Use Permitting                   |
| <input type="checkbox"/> Land Division or Adjustment     | <input type="checkbox"/> Variance                         |
| <input type="checkbox"/> Environmentally Sensitive Areas | <input type="checkbox"/> Other: _____                     |

Project Summary: (1-2 Sentences)

Project Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Prop. ID / Parcel #: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

## APPLICANT INFORMATION

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

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

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

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

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

## REQUIRED PRE-APPLICATION MEETING CHECKLIST

As part of your pre-application meeting request, please provide the following information as part of this request:

- PAR:** A completed pre-application form signed by the applicant or applicant's representative
- Questions & Objectives:** A list outlining what questions to be answered and topics to be reviewed
- Project Narrative:** A detailed description of project goals, information, and outcomes
- Conceptual Plans:** Building plans, site plans, and conceptual plans

I, the undersigned, state that, to the best of my knowledge, all information provided in this application is true and complete.

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature ( Owner  Representative) \_\_\_\_\_

Notes:	
Fees: \$0.00	
DATE STAMP	