



# MUNICIPAL CODE AMENDMENT 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.

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

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

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

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

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

## PROPOSED TEXT OR LANDUSE MAP CHANGES

(Be specific, noting Plan policy citations)

## JUSTIFICATION FOR CHANGE

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.

<b>Date</b>	<b>Print Name</b>	<b>Signature</b> ( <input type="checkbox"/> Owner <input type="checkbox"/> Representative)
Notes:		
Fees: \$500 (SEPA: \$350)		
		DATE STAMP