



CITY OF LACEY
 Community & Economic Development Department
 420 College Street SE
 Lacey, WA 98503
 (360) 491-5642

OFFICIAL USE ONLY Case Number: _____ Date Received: _____ Planner: _____ Related Case Numbers: _____ _____ _____

**SHORELINE MASTER PROGRAM
 AMENDMENT
 GENERAL APPLICATION**

OWNER NAME _____
 Mailing Address _____
 City, State, Zip Code _____
 Telephone Number _____

APPLICANT NAME * _____
 Mailing Address _____
 City, State, Zip Code _____
 Telephone Number _____ E-mail address _____
 Address of Proposal _____

* The applicant is the person whom staff will contact regarding the application, and to whom all notices and reports shall be sent, unless otherwise stipulated by the applicant.

GENERAL DESCRIPTION OF PROPOSAL

GENERAL LOCATION OF PROJECT (Give street address, or if vacant, indicate lot(s), block and subdivision; or tax lot number, access street, and nearest intersection.) _____

Section: _____ Township: _____ Range: _____

Assessor's Tax Parcel Number: _____

Full legal description of subject property (attach additional sheet if necessary): _____

SHORELINE MASTER PROGRAM, COMPREHENSIVE PLAN, ZONING, AND LAND USE ISSUES

Current Shoreline Master Program Classification: _____

Comprehensive Land Use Plan Designation: _____

Current Land use and improvements: _____

Past Land use or history: _____

Current Shoreline Master Program language (if applicable): _____

Requested new Shoreline Master Program language (if applicable): _____

Does the proposed amendment affect both the City and Thurston County? Please explain. _____

Was this issue, or property and its designation, discussed during the Shoreline Master Program development, review, and adoption process? If so, please explain. _____

Is the present Shoreline Master Program language, or designation and underlying zoning, the result of a mistake? What kind of mistake (i.e., mapping, typographic)? Please explain. _____

Will the proposed Shoreline Master Program amendment or map redesignation substantially benefit the public or surrounding property? Please explain. _____

If the amendment is a map amendment, how many acres of developed and undeveloped property in the Lacey growth area already exist in this designation? Developed: _____ Undeveloped: _____

How will the amendment change this? _____

Is there a demonstrated need for this change and is it a wise allocation of land resources? Please explain. _____

Explain the need for change and how the amendment is consistent with the following:

- State Growth Management Act (GMA) _____

- County-wide Planning Policies (CWPP) _____

- Lacey Comprehensive Plan _____

- Regional Transportation Plan (RTP) _____

- Other applicable City plans or documents _____

- Neighboring jurisdictions' shoreline program (where your proposal affects multiple jurisdictions, for example Olympia or Tumwater) _____

UTILITIES AND ROADS

Water supply (name of utility if applicable) _____
 existing proposed
Sewage disposal (name of utility if applicable) _____
 existing proposed
Access (name of street(s) from which access will be gained) _____

SUPPLEMENTAL INFORMATION

This application must be accompanied by the following information and the associated application fee:

1. A complete list of all property owners within a 300' radius of the external boundaries of the subject property, as listed on the records of the Thurston County Assessor, and their **mailing** (not site) addresses on labels and on paper.
2. A site plan drawing or drawings at a scale of not less than one inch for each 200 feet which shall include or show:
 - a. The boundaries of the property
 - b. Size of property impacted by amendment
 - c. Location of existing natural features, such as trees, streams, or lake frontages
3. Environmental Checklist (**SEPA**) (**must include thumbdrive containing .pdf copies of all submittal materials, including applications**)
4. Supplemental information and/or special reports may be required, including:
 - a. Environmentally sensitive areas and issues
 - b. Traffic impacts
 - c. Other
5. Vicinity Map

INITIATED BY:

Planning Commission (date of initiation) _____
 City Council (date of initiation) _____
 Property owners as follows _____

I (we) understand and agree with the above explained need for the map change and are current owners of the property within the City of Lacey.

<i>SIGNATURE</i>	<i>PRINTED NAME</i>	<i>ADDRESS</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated this _____ day of _____, _____.

