

Shaping
our community
together

CITY OF **LACEY**

DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
420 College Street SE, Lacey, WA 98503 (360) 491-5642

OFFICIAL USE ONLY
Date: _____
Case #: _____
Received By: _____
Planner: _____
Related Cases: _____

GENERAL LAND USE APPLICATION

Please Identify Supplemental Forms Accompanying This Application:

- | | |
|--|--|
| <input type="checkbox"/> Binding Site Plan (Preliminary)
<input type="checkbox"/> Binding Site Plan (Final)
<input type="checkbox"/> Boundary Line Adjustment
<input checked="" type="checkbox"/> Conditional Use Permit
<input checked="" type="checkbox"/> Environmental Checklist (SEPA) (must include 2 CD's containing .pdf copies of all submittal materials, including applications)
<input type="checkbox"/> Joint Aquatic Resources Permit Application (JARPA)
<input type="checkbox"/> Landclearing Permit/Class IV Forest Practices
<input type="checkbox"/> Limited Administrative Review (separate application form is <u>not</u> required) | <input type="checkbox"/> Planned Residential Development (Preliminary)
<input type="checkbox"/> Planned Residential Development (Final)
<input type="checkbox"/> Short Subdivision (Preliminary)
<input type="checkbox"/> Short Subdivision (Final)
<input checked="" type="checkbox"/> Site Plan Review
<input type="checkbox"/> Street Merchant Supplemental
<input type="checkbox"/> Subdivision (Preliminary)
<input type="checkbox"/> Subdivision (Final)
<input type="checkbox"/> Townhouse Development Permit
<input type="checkbox"/> Wetland Development Permit
<input type="checkbox"/> Woodland District Supplemental |
|--|--|


*Applicant/Property Owner Information

Owner: City of Lacey

Mailing Address: 420 College Street SE, Lacey, WA 98503

Phone Number(s): 360-459-4494

E-mail Address: pclarke@ci.lacey.wa.us

Signature: 

**For projects with multiple owners, attach a separate sheet with above owner information and signatures.*

Applicant: Puna Clarke, P.E.

Mailing Address: 420 College Street SE, Lacey, WA 98503

Phone Number(s): 360-459-4494

E-mail Address: pclarke@ci.lacey.wa.us

*Authorized Representative: Puna Clarke, P.E.

Mailing Address: 420 College Street SE, Lacey, WA 98503

Phone Number(s): 360-459-4494

E-mail Address: pclarke@ci.lacey.wa.us

**The authorized representative will be the primary staff contact for all project related questions and correspondence.*

Project Information

Project Name: Lift Station 3 Replacement

Project Description: Design and construct new wastewater lift station and related infrastructure for the City of Lacey. Project includes the lift station and related infrastructure necessary for this project including wet well, electrical building, valve vault, and access road.

Property Description

Site Address: 4406 26th Ave SE, Lacey WA 98503

Full Legal Description of Subject Property (attached

Section: 29 Township: 18N Range: 1W

Assessor Tax Parcel Number(s): 63500202000

Zoning District: LD 0-4

Shoreline Designation (if applicable): Not Applicable

Area of Project Site (in square feet if less than 1 acre; in acres if greater): 9,583 SF

Critical Areas on or near Site (show areas on site plan):

- None
- Creek or stream (name): _____
- Lake or pond (name): _____
- Endangered or threatened species (identify): _____
- Encumbrances, such as wells with radius, and easements: _____

- Wetland
- Steep slopes/draw/gully/ravine
- Historic site or structure
- Flood hazard area, provide FEMA flood zone and map number: _____

Utilities (Existing and Proposed)

Water: Existing City of Lacey Proposed City of Lacey

Sewer: Existing City of Lacey Proposed City of Lacey

Access (name of street(s) from which access will be gained): 26th Ave SE & Golf Club Rd SE

I affirm, under penalty of perjury, that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am duly authorized by the owner to act with respect to this application. Further, I grant permission from the owner to any and all employees and representatives of the City of Lacey and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I agree to pay all fees of the City that apply to this application.

Puna Clarke, P.E. *Puna Clarke* 22-04-22
Print Name **Signature** **Date**

Please attach all applicable supplemental forms