



Shaping
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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 type="checkbox"/> Conditional Use Permit
<input type="checkbox"/> Environmental Checklist (SEPA) (must include thumbdrive 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 checked="" type="checkbox"/> Short Subdivision (Final)
<input 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: Mohamed Elamin

Mailing Address: 15309 NE 1st Ave Bellevue, WA 98007

Phone Number(s): 425-220-4012

E-mail Address: mr.elamin@gmail.com

Signature:

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

Applicant: Prime Building and Development LLC

Mailing Address: 4802 Thompson Lane SE Olympia, WA 98513

Phone Number(s): 253-820-5950

E-mail Address: primebuildnw@gmail.com

*Authorized Representative: Prime Building and Development LLC

Mailing Address: 4802 Thompson Lane SE Olympia, WA 98513

Phone Number(s): 253-820-5950

E-mail Address: primebuildnw@gmail.com

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

Project Information

Project Name: Elamin 19th Short Plan

Project Description: Short plat lot

Property Description

Site Address: 4409 SE 19th Ave Lacey, WA 98503

Full Legal Description of Subject Property (attached

Section: _____ Township: _____ Range: _____

Assessor Tax Parcel Number(s): 11820412201

Zoning District: Lacey

Shoreline Designation (if applicable): _____

Area of Project Site (in square feet if less than 1 acre; in acres if greater): 12,800 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 _____

Sewer: Existing City of Lacey Proposed _____

Access (name of street(s) from which access will be gained): 19th

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.

James Peterson - Member


Signature

2-3-22
Date

Print Name

Please attach all applicable supplemental forms