



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 type="checkbox"/> Conditional Use Permit <input 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 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: _____ | |
| Mailing Address: _____ | |
| Phone Number(s): _____ | |
| E-mail Address: _____ | |
| Signature: _____ | |
| <i>* For projects with multiple owners, attach a separate sheet with above owner information and signatures.</i> | |
| Applicant: _____ | |
| Mailing Address: _____ | |
| Phone Number(s): _____ | |
| E-mail Address: _____ | |
| *Authorized Representative: _____ | |
| Mailing Address: _____ | |
| Phone Number(s): _____ | |
| E-mail Address: _____ | |
| <i>*The authorized representative will be the primary staff contact for all project related questions and correspondence.</i> | |

Project Information

Project Name: _____

Project Description: _____

Property Description

Site Address: _____

Full Legal Description of Subject Property (attached):

Section: _____ Township: _____ Range: _____

Assessor Tax Parcel Number(s): _____

Zoning District: _____

Shoreline Designation (if applicable): _____

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

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 _____ Proposed _____

Sewer: Existing _____ Proposed _____

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

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.

Print Name

Signature

Date

Please attach all applicable supplemental forms