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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"/> Planned Residential Development (Preliminary) |
| <input type="checkbox"/> Binding Site Plan (Final) | <input type="checkbox"/> Planned Residential Development (Final) |
| <input type="checkbox"/> Boundary Line Adjustment | <input type="checkbox"/> Short Subdivision (Preliminary) |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Short Subdivision (Final) |
| <input checked="" type="checkbox"/> Environmental Checklist (SEPA) (must include thumbdrive containing .pdf copies of all submittal materials, including applications) | <input checked="" type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Joint Aquatic Resources Permit Application (JARPA) | <input type="checkbox"/> Street Merchant Supplemental |
| <input type="checkbox"/> Landclearing Permit/Class IV Forest Practices | <input type="checkbox"/> Subdivision (Preliminary) |
| <input type="checkbox"/> Limited Administrative Review (separate application form is <u>not</u> required) | <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: STATE OF WASHINGTON DEPT. OF ECOLOGY/STEVE ADAMS

Mailing Address: 300 DESMOND DRIVE S.E. LACEY WA 98503

Phone Number(s): (360) 407-6089

E-mail Address: sstr461@ecy.wa.gov

Signature: Steve Adams

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

Applicant: MSGs ARCHITECTS / BILL SLOANE

Mailing Address: 510 CAPITOL WAY SOUTH, OLYMPIA, WA 98501

Phone Number(s): (360) 943-6774 x108

E-mail Address: bill5@msgsrch.com

*Authorized Representative: BILL SLOANE

Mailing Address: 510 CAPITOL WAY SOUTH, OLYMPIA, WA 98501

Phone Number(s): (360) 943-6774 x108

E-mail Address: bill5@msgsrch.com

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

Project Information

Project Name: ECOLOGY HAZARDOUS MATERIALS STORAGE BLDG UPGRADES

Project Description: An existing storage container is proposed to be placed on a new concrete slab on grade on an existing parking lot area of the Dept of Ecology's HQ building. More than 30' away from other bldg. S-1 occupancy

Property Description

Site Address: 300 DESMOND DRIVE SE LACEY WA 98503

Full Legal Description of Subject Property (attached):
SECTION 16 TOWNSHIP 18 RANGE 1W QUARTER SW NE, SE NE
BLA 140004LA DOCUMENT 4388384

Section: 16 Township: 18 Range: 1W

Assessor Tax Parcel Number(s): 11816130201

Zoning District: CBD7

Shoreline Designation (if applicable): NA

Area of Project Site (in square feet if less than 1 acre; in acres if greater): 28.57 ACRES

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

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Wetland
<input type="checkbox"/> Creek or stream (name): _____	<input type="checkbox"/> Steep slopes/draw/gully/ravine
<input type="checkbox"/> Lake or pond (name): _____	<input type="checkbox"/> Historic site or structure
<input type="checkbox"/> Endangered or threatened species (identify): <u>NA</u>	<input type="checkbox"/> Flood hazard area, provide FEMA flood zone and map number: _____
<input type="checkbox"/> Encumbrances, such as wells with radius, and easements: <u>NA</u>	

Utilities (Existing and Proposed)

Water: Existing NA Proposed _____

Sewer: Existing NA Proposed _____

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

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.

BILL SLOANE _____ William Sloane _____ 11/17/22 _____

Print Name Signature Date

Please attach all applicable supplemental forms