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CITY  
OF **LACEY**

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

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Case #: _____
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Planner: _____
Related Cases: _____

### PRELIMINARY SHORT SUBDIVISION SUPPLEMENTAL

(This form to be accompanied by the General Land Use application)

#### Contact Information

Applicant Name and Phone Number: Phil Bourgault 360-280-0303

Authorized Rep. Name and Number: \_\_\_\_\_

Project Name: Midway Conversion

Surveyor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### Project Information

Number of proposed lots: 2 (more than 9 lots requires subdivision application)

Proposed uses for vacant lots (use must be consistent with zoning): single family homes

Single-family:  Duplex: \_\_\_\_\_

Triplex (requires site plan review application): \_\_\_\_\_

Multi-family (requires site plan review application): \_\_\_\_\_

Townhouse (requires townhouse development permit application): \_\_\_\_\_

Type of existing on-site structures (give lot numbers and show location and label each structure on map):  
Duplex 621/623 Midway Dr. NE

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.

Phil Bourgault \_\_\_\_\_ Phil B. \_\_\_\_\_ 2-22-22

Print Name Signature Date