



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 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: High Definition Homes LLC

Mailing Address: 4705 Lacey Blvd SE Ste B Lacey WA 98503

Phone Number(s): 360-464-5358

E-mail Address: kellen@hdhomeswa.com

Signature: _____

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

Applicant: Same as Applicant

Mailing Address: _____

Phone Number(s): _____

E-mail Address: _____

*Authorized Representative: Kellen Mangan

Mailing Address: Same as Applicant

Phone Number(s): _____

E-mail Address: _____

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

