



Shaping
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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"/> 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 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 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: Ulery Street, LLC Attn: Aaron Borden

Mailing Address: PO Box 7846, Olympia, WA 98507

Phone Number(s): (360) 789-3707

E-mail Address: aaron@ajbservice.com

Signature: _____

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

Applicant: --same as owner--

Mailing Address: _____

Phone Number(s): _____

E-mail Address: _____

*Authorized Representative: Chris Merritt, PE Olympic Engineering

Mailing Address: PO Box 12690, Olympia, WA 98508

Phone Number(s): (360) 705-2474

E-mail Address: chris@olyeng.com

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

Project Information

Project Name: Ulery Business Suites

Project Description: Construct 12,763 sf building for business suites, with associated access, parking, utility, and storm drainage improvements.

Property Description

Site Address: 1070 Ulery St. SE, Lacey, WA 98503

Full Legal Description of Subject Property (attached):
Parcel A of Boundary Line Adjustment No. BLA-04-0006LA, as recorded July 9, 2004 under Auditor's File No.

3656562; situate in the County of Thurston, State of Washington

Section: 21 Township: 18N Range: 1W

Assessor Tax Parcel Number(s): 09950002000

Zoning District: CBD 4

Shoreline Designation (if applicable): N/A

Area of Project Site (in square feet if less than 1 acre; in acres if greater): 42,564 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 Lacey Proposed Lacey

Sewer: Existing Lacey Proposed Lacey

Access (name of street(s) from which access will be gained): Ulery St. SE

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.

Karon Borden

Print Name

[Signature]

Signature

6-1-2023

Date

Please attach all applicable supplemental forms