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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 type="checkbox"/> Environmental Checklist (SEPA) (must include thumbdrive containing .pdf copies of all submittal materials, including applications) | <input 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 checked="" type="checkbox"/> Woodland District Supplemental |

*Applicant/Property Owner Information

Owner: David Knittle

Mailing Address: PO Box 67, Olympia, WA 98507

Phone Number(s): 360-239-1634

E-mail Address: dkconcrete@aol.com

Signature: _____

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

Applicant: MBA Architects

Mailing Address: 806 N. 2nd Street, Tacoma WA 98403

Phone Number(s): 253-752-9409

E-mail Address: Lawrence@mbaarchitects.com

*Authorized Representative: MBA Architects

Mailing Address: 806 N. 2nd Street, Tacoma WA 98403

Phone Number(s): 253-752-9409

E-mail Address: Lawrence@mbaarchitects.com

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

Project Information

Project Name: Studio 39 Apartments

Project Description: Change of use project from B-Occupancy to R-2 Occupancy.

Project consists of a remodel and addition to create 43 studio type units.

Property Description

Site Address: 420 Golf Club Road SE

Full Legal Description of Subject Property (attached):

SECTION 17 TOWNSHIP 18 RANGE 1W QUARTER NE SE SS-6115 LT DOCUMENT 021/587

Section: 17 Township: 18 Range: 1W

Assessor Tax Parcel Number(s): 11817410601

Zoning District: WD

Shoreline Designation (if applicable): N/A

Area of Project Site (in square feet if less than 1 acre; in acres if greater): 32,234.40

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): _____ | <input type="checkbox"/> Flood hazard area, provide FEMA flood zone and map number: _____ |
| <input type="checkbox"/> Encumbrances, such as wells with radius, and easements: _____ | |

Utilities (Existing and Proposed)

Water: Existing Existing Proposed _____

Sewer: Existing Existing Proposed _____

Access (name of street(s) from which access will be gained): Existing access - Golf Club Road 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.

David Knutson

[Signature]

Date

Print Name

Signature

Please attach all applicable supplemental forms