



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

### \*Applicant/Property Owner Information

Owner: Jubilee Community Association

Mailing Address: 8487 Bainbridge Loop NE, Lacey WA 98516

Phone Number(s): (360) 923-1584

E-mail Address: eleanorjfisher@gmail.com

Signature: *Eleanor Fisher*

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

Applicant: Garner Miller, msg/Carve Architects

Mailing Address: 510 Capitol Way S, Olympia WA 98501

Phone Number(s): 360-970-4412

E-mail Address: garnerm@carvearch.com

\*Authorized Representative: Same as Applicant

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

Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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