



CITY OF LACEY
 Community & Economic Development Department
 420 College Street SE
 Lacey, WA 98503
 (360) 491-5642

ACCESSORY DWELLING UNIT PERMIT APPLICATION

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION:

**COMPLETED PRE-APPROVED PLANS
 FULLY DIMENSIONED SITE PLAN**

or

**SET OF CONSTRUCTIONS PLANS
 FULLY DIMENSIONED SITE PLAN
 COMPLETED DESIGN REVIEW APPLICATION**

Project Address: _____ **Parcel Number:** _____

Project Value: _____ Construction Type: _____ Occupancy Type: _____ Building Footprint: _____

Subdivision: _____ Garage sf: _____ Porch/Deck sf: _____ No. of Floors: _____

1st Floor sf: _____ 2nd Floor sf: _____ 3rd Floor sf: _____ Total Liv Area: _____ Total Living & Gar: _____

OWNER: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

CONTACT PERSON: _____

Phone Number: _____ Cell Phone: _____ Email: _____

General Contractor: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's License No. _____ Exp: _____ Lacey Endorsement # _____

Plumbing Contractor: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's License No. _____ Exp: _____ Lacey Endorsement # _____

Mechanical Contractor: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's License No. _____ Exp: _____ Lacey Endorsement # _____

Electrical Contractor: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's License No. _____ Exp: _____ Lacey Endorsement # _____

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above described property will be in accordance with the laws, rules and regulations of the state of Washington.

Applicant's Signature _____ Print Applicant's Name _____ Date _____