



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