



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

OFFICIAL USE ONLY

Case Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Related Case Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## RESIDENTIAL DESIGN REVIEW APPLICATION

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Type of Project:  Single Family     Duplex or Triplex     Multi Family  
 Accessory Dwelling Unit (ADU)     Townhouse

OWNER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

APPLICANT NAME\*: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\* The applicant is the person whom staff will contact regarding the application, and to whom all notices and reports shall be sent, unless otherwise stipulated by the applicant.

Street Address (if unaddressed provide subdivision name, parcel number or the City of Lacey Planning project number):

\_\_\_\_\_

ASSESSOR'S TAX PARCEL NUMBER/LOT NUMBER: \_\_\_\_\_

SUBDIVISION NAME (IF APPLICABLE): \_\_\_\_\_

I/We are the owner(s) or contract purchaser(s) of the property involved in this application and the foregoing statements and answers contained in this application are true and correct to the best of my/our knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_