



CITY OF LACEY
Community Development Department
PO Box 3400
Lacey, WA. 98509-3400
(360) 491-5642

OFFICIAL USE ONLY

Case Number: _____

Date Received: _____

By: _____

Related Case Numbers:

RESIDENTIAL DESIGN REVIEW APPLICATION

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: _____