Public Works Department
City of Lacey
PO Box 3400
Lacey, WA 98509-3400
(360) 491-5600

H.T.E. # _____
Date Received: _____

PLAN REVIEW APPLICATION	USE **BLACK** INK ONLY

Owner: _____
Address: _____
City & State: _____
Zip: _____ Phone: _____

Applicant: _____
Address: _____
City & State: _____
Zip: _____ Phone: _____

Engineer: _____
Contact Person: _____
Address: _____
City & State: _____
Zip: _____ Phone: _____

PROPERTY LOCATION:

□ North   □ South   □ East   □ West   side of:

(road name): _____

between (road name): _____

and (road name): _____

Property Address: _____

_____

Section _____ Township _____ Range _____

Assessor's Parcel No.: _____

SUMMARY OF REQUEST (List type of uses)
_____
_____
_____

No. of proposed dwelling units: _____

Dimensions of property: _____
_____

Total sq. ft. of site: _____
Total sq. ft. in buildings: _____
_____

Total sq. ft. in paved and covered surfaces
(include buildings, driveways, streets,
sidewalks, and parking lots):
_____
_____
_____
_____
_____
_____

TYPES OF PLAN REVIEWS NEEDED:
(Check applicable reviews requested)

□ Water
□ Sewer
□ Street or Street with curb,
   gutter & sidewalk
□ Curb, gutter & sidewalk
□ Storm (per report)
□ Lighting
□ Signals

FOR OFFICE USE
Fire District Requirements: ___ No ___ Yes
Fire Flow Required: _____ gpm
Misc. Notes: _____
_____
_____

The City will make a cursory check of the plans against the General Standards on the following plan checklist. If the plans meet the minimum checklist requirements as to content, they will be routed to the appropriate City staff and the plan review process will begin. If the minimum checklist requirements are not met, plans will be returned to the submitting engineer.