



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

**OFFICIAL USE ONLY**

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

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

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

Parcel Number: \_\_\_\_\_

Permit Issued: \_\_\_\_\_

Required Replanting: \_\_\_\_\_

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## **LAND CLEARING PERMIT EXEMPTION REQUEST**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_

Number of trees to be removed: \_\_\_\_\_  
(Cannot exceed five trees in 36 months)

Number of existing trees: \_\_\_\_\_

Size of lot: \_\_\_\_\_

Please draw your site plan below, indicating your home and the location/type of trees to be removed: