



CASH OR CHECK ONLY PLEASE

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

ACCESSORY DWELLING UNIT PERMIT APPLICATION

NOTE: THIS APPLICATION MUST BE ACCOMPANIED BY 1 SET OF COMPLETED PRE-APPROVED PLANS AND SITE PLAN CHECKLIST.
IF NOT USING PRE-APPROVED PLANS, PLEASE SUBMIT 2 SETS CONSTRUCTION PLANS, 2 SITE PLAN CHECKLISTS, AND
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: _____ City Bus. Reg. _____

Plumb Contractor: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's License No. _____ Exp: _____ City Bus. Reg. _____

Mech Contractor: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's License No. _____ Exp: _____ City Bus. Reg. _____

Electrical Contractor: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's License No. _____ Exp: _____ City Bus. Reg. _____

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 _____