



Community Development Department  
6000 Main Street SW  
Lakewood, WA 98499  
253-512-2266  
permits@cityoflakewood.us  
[www.cityoflakewood.us](http://www.cityoflakewood.us)

## ZONING CERTIFICATE/ DIRECTORS DETERMINATION APPLICATION

*Electronic submittals are strongly encouraged, please contact the City of Lakewood permitting department at [permits@cityoflakewood.us](mailto:permits@cityoflakewood.us) to submit electronically*

### GENERAL SUBMITTAL DOCUMENTS

**REQUIRED: A=Always; M= Maybe**

|   |   |
|---|---|
| Zoning Certificate/Determination Application  | A |
| Zoning Certificate <input type="checkbox"/> \$51                      Director Determination Fee <input type="checkbox"/> \$250 | A |
| Description of Uses and/or Requested Information  | A |



**ZONING CERTIFICATE / DIRECTORS DETERMINATION APPLICATION**

**APPLICATION #:** \_\_\_\_\_ **ZONE:** \_\_\_\_\_

OFFICE USE ONLY

**CURRENT/PROPOSED USE:** \_\_\_\_\_

**ADDRESS/LOCATION:** \_\_\_\_\_

**PIERCE COUNTY PARCEL NUMBER (S):** \_\_\_\_\_ **ACRES:** \_\_\_\_\_

**APPLICANT:** (mandatory)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

**AGENT/ CONSULTANT/ ATTORNEY:** (mandatory if primary contact is different from applicant)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ License No: \_\_\_\_\_



**PROPERTY OWNER 1:** (mandatory if different from applicant)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Signature: \_\_\_\_\_

**PROPERTY OWNER 2:** (if more than two property owners attach additional info/signature sheets)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Signature: \_\_\_\_\_

**The above signed property owners, certify that the above information is true and correct to the best of our knowledge and under penalty of perjury, each state that we constitute all of the legal owners of the property described above and designate the above parties to act as our agent with respect to this application:**



**OFFICE USE ONLY:**

DATE APPLICATION RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

DATE APPLICATION COMPLETE: \_\_\_\_\_ COMPLETENESS REVIEW BY: \_\_\_\_\_

**THE APPLICANT MUST PROVIDE THE FOLLOWING WHEN SUBMITTING A ZONING CERTIFICATE / DETERMINATION APPLICATION:**

1. The completed original application form and one (1) additional copy, making sure that all of the required signatures have been obtained.
2. Zoning Certificate / Determination Application fee.
3. Copy of a detailed description of the existing uses and any proposed new uses, and the information you would like the City to address.
4. **For Directors Determination:** Please provide a detailed list of questions and/or proposals for the Director to consider.

**All above items and any other material that may be required by the city must be submitted at the time of application in order for the application to be accepted as complete.**

Handouts and application forms may be revised without notice.