



PLANNING DEPARTMENT

Centralia City Hall, 2nd Floor
118 W. Maple Street
PO Box 609
Centralia, WA 98531

Phone: 360.330.7662
Fax: 360.330.7673
Website: cityofcentralia.com

Large Lot Application

Date: _____

Applicant Name: _____

Parcel Number: _____

Legal Description: _____

AREA AND DISTANCE

Total amount of land in subdivision? _____ Total amount of existing street frontage? _____

Proposed number of lots _____
Smallest lot sizes _____ Largest lot size _____

LAND USE

What is the current Comprehensive Land Use Designation? _____

Indicate the proposed land use(s) of the subdivision.

- Commercial
- Single Family Home
- Manufactured Home
- Multi-Family
 - Duplexes #units _____
 - Multiple Family #units _____

Describe any proposed non-residential uses.

Describe any proposed residential uses.

For Official Use Only

LL# _____

Page _____ of _____

Utilities

Indicate any utilities now existing on the property.

<input type="checkbox"/> Streets – paved	<input type="checkbox"/> Streets – unpaved
<input type="checkbox"/> Sanitary Sewers	<input type="checkbox"/> Septic
<input type="checkbox"/> Storm Drains	<input type="checkbox"/> Power
<input type="checkbox"/> Irrigation Water	<input type="checkbox"/> City water
<input type="checkbox"/> Well	

If using septic, has it been approved by Lewis County Environmental Health (LCEH)?

<input type="checkbox"/> No
<input type="checkbox"/> Yes (Include documentation from LCEH.)
<input type="checkbox"/> Not Applicable

If using a well, has it been approved as a Public Well by Lewis County Environmental Health (LCEH)?

<input type="checkbox"/> No
<input type="checkbox"/> Yes (Include documentation from LCEH.)
<input type="checkbox"/> Not Applicable

Indicate the method of extending the service of lots (structures).

<input type="checkbox"/> Underground Utility Easement
<input type="checkbox"/> Overhead Utility Easement
<input type="checkbox"/> Utilities in the Streets

IMPROVEMENTS

Do you plan to file the plat in its entirety as proposed, or will it be a multi-phase development?

<input type="checkbox"/> As proposed	<input type="checkbox"/> Multi-phased development
--------------------------------------	---

If multi-phased, please describe.

Will any special deed restrictions be included in the sale of the lots?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
-----------------------------	------------------------------

If yes, please describe.

What is the arterial designation of the street presently serving the property?

- Secondary
- Collector
- Access
- Other (please specify):

Applicant's Signature

Date

Applicant's Signature

Date

For Official Use Only

LL# _____

Page _____ of _____