



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

Planned Unit Development Application

Date: _____

Applicant Name: _____

Parcel Number: _____

Legal Description: _____

AREA AND DISTANCE

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

Lot Data Proposed number of lots _____ Average lot size _____
Smallest lot sizes _____ Largest lot size _____

Proposed density (# units/acre) _____ Units per acre

Proposed acreage of open space _____ Percentage of Open Space _____ %

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.

For Official Use Only

PUD# _____

Page _____ of _____

Describe any proposed residential uses.

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

Indicate the method of extending the service to the 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, describe the acreage in each phase and the anticipated date work will begin on each phase. Use a continuation sheet if more room is needed.

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6
Acreage						
Anticipated date work will begin						

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

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

For Official Use Only

PUD# _____

If yes, please describe.

What is the street designation presently serving the property?

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

Applicant's Signature

Date

Applicant's Signature

Date

For Official Use Only

PUD# _____

Page _____ of _____