



PLANNING DEPARTMENT

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Website: cityofcentralia.com

Binding Site Plan Application

Date: _____
Applicant Name: _____
Parcel Number: _____
Legal Description: _____

General Information

Total size of the project: _____

What is the current Comprehensive Plan designation? _____

What is the current use of the site? _____

Is the site within the 100 year flood plain? ☐ Yes ☐ No

Describe any cultural, historic or archeological resources on the site.

Will land fill be required? ☐ Yes ☐ No
How much? _____
Source of fill material _____

Will excavation be required? ☐ Yes ☐ No
How much? _____
Destination site of excess _____

Are there drainage ways on the site or within 1000 feet of the site?
☐ Yes ☐ No
If yes, describe any and all proposed modifications to the drainage way.

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Type of Development

☐

Commercial

☐

Industrial

Hours of Operation

AM to

PM

Describe the type of landscaping, fencing and buffering that will be used to shield the proposed use from adjoining properties. Be sure to include drawn plans of the landscaping, fencing and buffering with the site plan.

List all other government applications pending approval that affect this property.

Zoning of adjacent property:

North

South

East

West

Utilities

Indicate any utilities now existing on the property.

☐

Streets--paved

☐

Sanitary sewers

☐

Storm Drains

☐

Irrigation Water

☐

Well

☐

Streets--unpaved

☐

Septic

☐

Power

☐

City Water

Improvements

Do you plan to develop the site in one phase or in multi-phases?

☐

One phase

☐

Multi- phase

If multi-phased, describe the acreage/square footage 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/Square footage						
Anticipated date construction will begin						

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Indicate the method of extending the services to the site.

- ☐ Underground utilities
- ☐ Overhead utilities
- ☐ Utilities in the street

What is the street designation presently serving the property?

- ☐ Arterial
 - ☐ Secondary
 - ☐ Collector
 - ☐ Access
 - ☐ Other (specify): _____
-

Applicant's Signature

Date

Applicant's Signature

Date

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