



TOWN OF LA CONNER ADMINISTRATIVE HISTORIC DESIGN REVIEW APPLICATION

Date of Application: _____

File # _____

Site Address: _____

Tax Parcel Number _____

PROPERTY OWNER:

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

CONTRACTOR:

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ CONTRACTOR'S REGISTRATION # _____

ZONE:

☐ Residential

☐ Commercial

☐ Industrial

Is the property located in a:

☐ Floodplain

☐ Critical Area

☐ Shoreline

PROJECT DESCRIPTION: _____

Please check all applicable categories:

☐ Minor Construction

☐ Garage

☐ Foundation

☐ Repair/Maintenance

☐ Paint

☐ Roof

☐ Porch

☐ Fence

☐ Windows

☐ Remodel: _____ Interior _____ Exterior

☐ Other (please describe) _____

**IN ORDER TO PROCESS YOUR APPLICATION THE FOLLOWING INFORMATION MUST
BE SUBMITTED** (please place check mark by completed items):

☐ Master Permit

☐ Site Plan or elevations of proposed project (this can be done with a standard drawing or with photographs with clouded areas showing where proposed work will occur)

☐ Narrative (describe in detail what is being proposed)

☐ Color and material samples (can be actual samples, photographs, brochures, or other electronic media)

- Contact the Washington State Dept. of Commerce Lead Paint Program at (360) 586-5323 (LEAD), or visit www.commerce.wa.gov/lead, or email the lead program lbpinfo@commerce.wa.gov before renovating or remodeling activities in pre-1978 residential buildings or occupied facilities to ensure your compliance with applicable Washington lead regulations.

APPLICANT SIGNATURE _____ **DATE** _____

THIS PERMIT IS GRANTED WITH THE FOLLOWING CONDITIONS:

OFFICE USE ONLY

☐ Approved

☐ Denied Reason for denial _____

Planning Director _____

Date _____