

# LEWIS COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

2025 NE Kresky Avenue  
Chehalis, WA 98532-2626

(360) 740-1146  
FAX: (360) 740-1245

## ADMINISTRATIVE REDUCTION – SETBACK

**This application is for the reduction of setback requirements from property lines only. Reduction in setbacks from County or State right-of- ways must be approved by application thru Lewis County Public Works Department or WA State Department of Transportation.**

**Application Fee: \$280.00. If a public hearing is requested an additional fee of \$850.00 will be required. Additional fees may apply.**

### Office Use:

Date of Application: \_\_\_\_\_ Application # \_\_\_\_\_  
Planning Review # \_\_\_\_\_

### Property Information

Development Permit Application #: \_\_\_\_\_ (i.e. building) **(required)**  
Tax Parcel # \_\_\_\_\_ Site Address \_\_\_\_\_

Requesting setback reduction to \_\_\_\_\_ ft. from side property line  
\_\_\_\_\_ ft. from back property line

### Reason existing setback(s) cannot be met:

(Applications submitted without reasonable justification for reduction in setbacks cannot be approved)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Use reverse side if additional space is required*

### Applicant's Information

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street or P. O. Box # \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_

A development permit (i.e. building) application and land use review are required

This form must be completed, signed, and submitted with a site plan showing property lines and proposed setbacks. Site plan must include locations of all proposed and existing buildings or structures including all water sources (well locations), sewage systems (tank and drainfield), sewage system reserve area, driveways and parking areas (existing and proposed).

By my signature below I affirm that all information and documents provided with this application are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature  Property Owner  Authorized Agent

\_\_\_\_\_  
Date Signed

**OFFICE USE ONLY:**

**Application #** \_\_\_\_\_

Date Routed \_\_\_\_\_

Permit Technician: \_\_\_\_\_

FINDINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- REDUCTION IN SETBACK IS:**     **APPROVED AS PROPOSED**  
   **DENIED**  
   **APPROVED WITH CHANGES (as follows)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Denial:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:**

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date