

CITY OF TACOMA
RESIDENTIAL INFILL PILOT PROGRAM

APPLICATION

APPLICANT INFORMATION

Name: _____

Property Address: _____

Business Address: _____

Assessor's Parcel Number: _____

Phone: _____ Email: _____

Property Zoning Designation (code and description): _____

Proposed Project Type:

Detached Accessory Dwelling Unit

Two-Family Housing

Multi-Family Housing

Cottage Housing

ARCHITECT/DESIGNER INFORMATION (if not applicant)

Name: _____

Phone: _____ Email: _____

CONTRACTOR INFORMATION (if not applicant)

Name: _____

Phone: _____ Email: _____



DESCRIPTION OF PROPOSED INFILL PROJECT

(please provide more detail in attached narrative)

LIST OF IMPROVEMENT ASSOCIATED COSTS

ANTICIPATED COSTS ASSOCIATED WITH INFILL PROJECT	
SOFT COSTS (DESIGN, PERMITTING)	\$
HARD COSTS (MATERIAL, LABOR, AND TAX COSTS)	\$
TOTAL PROJECT COSTS	\$
TOTAL NUMBER OF HOUSING UNITS PROPOSED	\$
TOTAL COSTS PER HOUSING UNIT	\$
ANTICIPATED SALES/RENTAL PRICE (IF APPLICABLE)	\$

PROJECTED PROJECT MILESTONES (FROM INFILL PROJECT APPROVAL)	
PROJECT PHASE	ANTICIPATED DATE (IMMEDIATELY/NO. OF WEEKS/ SPECIFIC DATE)
Permit Submittal	
Construction Start	
Construction Completion	
Total Project Duration	



CHECKLIST

Pre-application meeting completed

Completed application

Existing Condition Photos

Site Plan

Planting Plan (if trees/plants/planting areas aren't represented in site plan; must provide if submitting multifamily or cottage housing proposal)

Parking Plan (if parking is not adequately represented in site plan or is off-site)

Building Plans

Building Elevations

Project Narrative

OPTIONAL ITEMS

3-Dimensional Renderings

Supporting Exhibits (visual or narrative)



STATEMENT OF UNDERSTANDING & CERTIFICATION BY APPLICANT

The applicant understands that the City of Tacoma must approve the proposed infill pilot project before the applicant can submit the project for permitting. During the application process, the City may require the applicant to be available for a site visit with City of Tacoma officials. Certain changes or modifications may be required by the City of Tacoma prior to final approval. All images submitted as part of this application may be used in Residential Infill Program marketing materials.

The applicant certifies that all information in this application, and all information furnished in support of this application and is true and complete to the best of the applicant's knowledge.

Applicant Signature: _____ Date: _____

PLEASE RETURN THE APPLICATION AND SUPPLEMENTAL INFORMATION TO:

City of Tacoma
Planning Services Division
747 Market Street, Room 345
Tacoma, WA 98402-3701

Contact:
Mesa Sherriff, Senior Planner
253.591.5480 - telephone
msherriff@cityoftacoma.org

