



CASH OR CHECK ONLY PLEASE

CITY OF LACEY

Community & Economic Development Department
420 College Street SE
Lacey, WA 98503
(360) 491-5642

NEW COMMERCIAL PERMIT APPLICATION

NOTE: THIS APPLICATION MUST BE ACCOMPANIED BY TWO SETS OF CONSTRUCTION PLANS, TWO FULLY DIMENTIONED SITE PLANS, ONE SET OF STRUCTURAL CALCS, ONE SET SPECIFICATIONS, AND ONE ENERGY CODE APPLICATION (IF APPLICABLE). THE 65% PLAN CHECK FEE IS REQUIRED AT THE TIME OF APPLICATION. CALL FOR AMOUNT, WE ACCEPT CASH OR CHECK ONLY.

THIS APPLICATION TO BE USED FOR NEW COMMERCIAL STRUCTURES AND RESIDENTIAL PROJECTS CONTAINING THREE OR MORE UNITS.

Name of Project:

Project Address: _____ Suite: _____ Parcel Number: _____

Proposed Scope of Work:

Project Value: _____ Construction Type: _____ Occupancy Type: _____ Building Footprint: _____

No. of Parking Spaces: _____ No. of Disabled Parking Spaces: _____ No. of Floors: _____

1st Floor sf: _____ 2nd Floor sf: _____ 3rd Floor sf: _____ 4th Floor sf: _____ Total Area (sq.ft.): _____

Elevator: () Yes, how many _____ () No _____ Fire Alarm: () Yes () No _____ Fire Sprinklers: () Yes () No _____

OWNER: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

TENANT: _____

CONTACT PERSON: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____ Email: _____

General Contractor:	Phone:	Email:
Address:	City:	State: Zip:
Contractor's License No.	Exp:	City Bus. Reg.
Engineer:	Phone:	Email:
Address:	City:	State: Zip:
Architect:	Phone:	Email:
Address:	City:	State: Zip:

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above described property will be in accordance with the laws, rules and regulations of the State of Washington.

Applicant's Signature _____ Print Applicant's Name _____ Date _____