



CASH OR CHECK ONLY PLEASE

CITY OF LACEY

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

RESIDENTIAL ADDITION / ALTERATION PERMIT APPLICATION

NOTE: THIS APPLICATION MUST BE ACCOMPANIED BY TWO SETS OF CONSTRUCTION PLANS,
AND TWO SETS OF THE ENERGY CODE APPLICATION (IF APPLICABLE), AND TWO
SETS OF ACCURATE, FULLY DIMENSIONED SITE PLANS. SITE PLAN MUST SHOW ALL PROPERTY LINES.

Project Address: _____ **Parcel Number:** _____

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

Subdivision: _____ **Garage Sf:** _____ **Deck Sf:** _____ **No. of Floors:** _____

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

Description of Work Being Done:

OWNER: _____ **Phone Number:** _____

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

CONTACT PERSON: _____

Phone Number: _____ **Cell Phone:** _____ **Email:** _____

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

Plumb Application Attached, if applicable:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Mech Application Attached, if applicable:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Electrical Application Attached, if applicable:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

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**