



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

COMMERCIAL REMODEL PERMIT APPLICATION

CONSTRUCTION PLANS ATTACHED
 SET OF SPECIFICATIONS ATTACHED
 SET OF STRUCTURAL CALCULATIONS ATTACHED

ENERGY CODE APPLICATION ATTACHED (if applicable)
 SET OF FULLY DIMENSIONED SITE PLAN ATTACHED

Type of Permit (check one): Commercial Remodel Commercial Addition Tenant Improvement

Project Address: _____ Suite: _____ Parcel Number: _____

Project Value: _____ *NOTE: A 65% PLAN CHECK FEE IS REQUIRED AT SUBMITTAL FOR COMMERCIAL PROJECTS THAT EXCEED \$25,000.*

T.I. sq ft: _____ Building Overall sq ft: _____ Construction Type: _____ Occupancy Type: _____

Fire Sprinklers: Yes No Fire Alarm: Yes No

Describe Scope of Work: _____

Expansion of Building Footprint: Yes No If yes, must show all easements/utilities on site plan.

Any Changes to the Following: Signage: Yes No Parking: Yes No Landscaping: Yes No

Has project gone through Site Plan Review: Yes No

Is there a backflow prevention device protecting the building/suite's domestic water service? Yes No Unknown

Are any traffic mitigation fees associated with the project? Yes No Unknown

Are any utility connection fees associated with the project? Yes No Unknown

If you answered Unknown to any of these, contact Lacey Public Works at (360) 491-5600 for more information.

BUILDING OWNER: _____ Phone Number: _____

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

TENANT NAME: _____

CONTACT PERSON: _____

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

Phone Number: _____ Cell Phone: _____ Email: _____

General Contractor: _____

Phone Number: _____ Cell Phone: _____ Email: _____

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

Contractor's License No. _____ Exp: _____ Lacey Endorsement # _____

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 _____