

Project Address:

CITY OF LACEY

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

NEW SINGLE-FAMILY RESIDENCE PERMIT APPLICATION

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION:

CONSTRUCTION PLAN
FULLY DIMENSIONED SITE PLAN
DETAILED LANDSCAPING PLAN

RESIDENTIAL DESIGN REVIEW APPLICATION ENERGY CODE APPLICATION (if applicable)

Parcel Number:

Project Value:	Construction Type:		Occupancy Type:	Building Footprint	·
Subdivision:		Garage sf:	Porch/Deck sf:	No. of Floors:	
1st Floor sf:	2nd Floor sf:	3rd Floor sf:	Total Living sf:	Total Living & Ga	arage:
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.		Ехр:	Lacey Endorsement #		
Plumbing Contractor:		Phone:		Email:	
Address:			City:	State:	Zip:
Contractor's License No.		Exp:	Lacey	Lacey Endorsement #	
Mechanical Contractor:		Phone:		Email:	
Address:			City:	State:	Zip:
Contractor's License No.		Exp:	Lacey Endorsement #		
Electrical Contractor:		Phone:		Email:	
Address:			City:	State:	Zip:
Contractor's License No.		Exp:	Lacey	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