



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

RESIDENTIAL ADDITION / ALTERATION PERMIT APPLICATION

PLEASE EMAIL APPLICATION AND REQUIRED DOCUMENTS TO BUILD@CITYOFLACEY.ORG

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: _____	Lacey Endorsement # _____

Plumbing Application Attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO PLUMBING WORK BEING DONE
Mechanical Application Attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO MECHANICAL WORK BEING DONE
Electrical Application Attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO ELECTRICAL WORK BEING DONE

FULLY DIMENSIONED SITE PLAN ATTACHED YES

(Site plan must show all property lines)

ENERGY CODE APPLICATION ATTACHED YES **NO ENERGY CODE APPLICATION APPLICABLE**

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 _____