



6000 Main St. SW, Lakewood, WA 98499
Phone: (253) 512-2261

BUILDING PERMIT APPLICATION PERMIT # _____

SITE ADDRESS: _____

PARCEL #: _____

PROPERTY OWNER/TENANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

APPLICANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____ Email address: _____

Will the applicant be the contact person? YES or NO **If other, please specify below:**

Contact person: _____ Daytime Phone: _____

Mailing Address: _____

City/State/Zip: _____

CONTRACTOR: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____ License No.: _____

Expiration Date: _____

ARCHITECT/ENGINEER/DESIGNER: (if applicable)

Contact person: _____ Daytime Phone: _____

Mailing Address: _____

City/State/Zip: _____

APPLICATION TYPE: (please circle) **COMMERCIAL** or **RESIDENTIAL**

APPLICATION SUB-TYPE: (please circle) **NEW** **ADDITION** **REMODEL** **REPAIR** **RE-ROOF**

WORK DESCRIPTION: _____

BLDG #: _____ STE. #: _____ APT. #: _____ UNIT #: _____
 OCCUPANCY: _____ OF UNITS: _____ # OF BUILDINGS: _____
 EXISTING SQFT: _____ NEW SQFT: _____
 CONSTRUCTION TYPE: _____
 BLDG. HEIGHT: _____ # OF STORIES: _____
 # OF BEDROOMS: _____ # OF BATHROOMS: _____
 HEATING SYSTEM: (please circle) ELECTRIC GAS OIL HEATPUMP
 INDOOR AIR: (please circle) SPOT WHOLE HSE INTEGRATED RECOVERY
 ENERGY: (please circle) PRESCRIPTIVE COMPONENT PERFORMANCE
 # OF FIREPLACES: _____
 FIRE SPRINKLERS – EXISTING AREA: _____ FIRE SPRINKLERS – NEW AREA: _____
 ESTIMATED VALUE OF CONSTRUCTION: _____

FLOOR AREAS					
	EXISTING	REMODEL	ADDITION	NEW	TOTAL
BASEMENT					
1 ST FLOOR					
2 ND FLOOR					
3 RD FLOOR					
DECK					
GARAGE					
CARPORT					

AUTHORIZED AGENT/OWNER SIGNATURE:

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

Signature of Authorized Agent/Owner Date

OFFICE USE ONLY:

BUSINESS LIC#: _____ CONTRACTOR BLIC #: _____

TITLE: _____ BIN #: _____

ZONE: _____ ZONING USE TYPE: _____

DATE PERMIT APPLICATION RECEIVED: _____ RECEIVED BY: _____
