



COMMUNITY DEVELOPMENT DEPARTMENT
 6000 Main Street SW
 Lakewood, WA 98499
 253-512-2266
 permits@cityoflakewood.us
www.cityoflakewood.us

Revision Submittal

Electronic resubmittals are strongly encouraged, please upload all resubmittals to existing dropbox and notify permits@cityoflakewood.us

NOTE: All building department resubmittals must include the original plans and revised plan set collated, with the revisions clearly identified by means of "clouding" or highlighted.

Date: _____ Permit Number: _____

- Response to incomplete letter dated _____
- Response to correction letter dated _____
- Revision initiated by applicant

Revision requested by (if applicable): _____

Project Name: _____

Project Address: _____

Contact Person: _____ Phone Number: _____

Email: _____

Summary of Revision, including page numbers:

Please clearly outline what is being revised

Sheet Number(s) revised: _____

Revised plans must be collated with original plan set. "Cloud" or highlight all areas amended and include date of revision on the revised plan set.

I acknowledge that the above required documents/plans contain all the listed information. _____
 Initials/ date

STAFF USE ONLY

File # _____ - _____ - _____

Intake by: _____

Date: _____