



COMMUNITY DEVELOPMENT DEPARTMENT
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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 revised plan pages only**, 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 and the plan page numbers:

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: _____