Commercial Building Permit Application

Community Development
6000 Main St. SW Lakewood, WA 98499
Phone (253) 512-2261 permits@cityoflakewood.us

Office use only:

Permit # _____

Date _____

Pre-App? Y___ N ___

Please refer to the Commercial building permit checklist for additional submittal requirements.

FILL OUT ALL AREAS – IF NOT APPLICABLE, PLEASE ENTER N/A

PROJECT NAME:	Parcel #:
PROJECT ADDRESS :	
TENANT:	Phone:
APPLICANT:	Phone:
Address (City, State, Zip):	E-Mail Address:
OWNER:	Phone:
Address (City, State, Zip):	E-Mail Address:
LENDING AGENCY:	Phone:
Address (City, State, Zip):	E-Mail Address:
CONTRACTOR*:	Phone:
Address (City, State, Zip):	License #: Exp. Date:
Contractor must have a valid City of Lakewood business license prior to doing work in the City	

PROJECT DESCRIPTION:

_____

_____

_____

_____

During the plan review process, the building valuation will be evaluated. When necessary, the value of construction will be updated.

☐New ☐Addition ☐Tenant Improvement ☐New tenant ☐Existing tenant	1ST Floor (sq. ft.) _____ 2nd Floor: _____ 3rd Floor : _____ Basement: _____ Other: _____	Customers Value: $ _____ Is the building sprinkled? ☐Yes ☐ No Occupancy group: _____ Type of construction: _____

I hereby certify that the information provided is correct and that the construction on the above described property, the occupancy, and use will be in accordance with the laws, rules, and regulations of the State of Washington and the Lakewood Municipal Code. I agree to hold harmless the City of Lakewood as to any claim incurred as a result of this work.

Print Name:_____ ☐Owner ☐Agent/Other(specify): _____

Signature:_____ Date: _____