

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

Revision Submittal

Applications and all required documentation are required to be submitted through our on-line dashboard. https://pals.cityoflakewood.us/palsonline/#/dashboard.

NOTE: All building department resubmittals must include **the revised plan pages only**, with the revisions clearly identified by means of "clouding" or highlighted.

Date:	e: Permit Number:	
☐ Response to incomplete letter dated		
☐ Response to correction letter dated		
☐ Revision initiated by applicant		
	sion requested by (if applicable):ect Name:	
	ect Name:ect Address:ect Address:ect Address	
Conta	il: Phone Number:	
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. Initi	ials/ date
	STAFF USE ONLY	
	File #	
	Intake by:	
	Date:	