



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.

<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> New tenant <input type="checkbox"/> Existing tenant	1 ST Floor (sq. ft.) _____ 2 nd Floor: _____ 3 rd Floor : _____ Basement: _____ Other: _____	Customers Value: \$ _____ Is the building sprinkled? <input type="checkbox"/> Yes <input type="checkbox"/> No Occupancy group: _____ Type of construction: _____
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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: _____

(Date must be within past 14 days)