



Occupancy Inspection Permit Checklist

Electronic submittals are required. Please submit the application here:

<https://pals.cityoflakewood.us/palonline/#/dashboard>.

Use this checklist to help gather all of the required information and documents in order to submit a complete Occupancy Inspection permit.

Please note, incomplete applications will not be accepted.

GENERAL SUBMITTAL DOCUMENTS

Submitted	Required	
<input type="checkbox"/>	<input type="checkbox"/>	Completed Occupancy Inspection Permit Application form
<input type="checkbox"/>	<input type="checkbox"/>	Floor Plan (with North arrow, address, and suite number)
<input type="checkbox"/>	<input type="checkbox"/>	Operational Characteristics form
<input type="checkbox"/>	<input type="checkbox"/>	Parking Plan per LMC 18A.80.030

*Pierce County Sewer requires a sewer Pre-Treatment application be submitted. To view their requirements click [here](#). To determine what type of Industrial User click [here](#).

**Additional Requirements may apply.

MINIMUM FLOOR PLAN DRAWING REQUIREMENTS

- Show all rooms. Specify the use and size of all rooms.
- Show location, size, and door swing for all required exits.
- Provide egress plan.
- Plans shall be drawn in indelible ink.
- North arrow.
- Address and suite number.
- All measurements should be in feet (example: 24 feet and 6 inches = 24.5').

MINIMUM PARKING PLAN REQUIREMENTS

- Show number of parking stalls.
- Show location of parking stalls.



Occupancy Inspection Application

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

Applications and all required documentation are required to be submitted through our online dashboard
<https://pals.cityoflakewood.us/palsonline/#/dashboard>

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.*

DESCRIPTION OF EXISTING AND PROPOSED ACTIVITIES *(include a floor plan of the building, site plan may be required)*

<input type="checkbox"/> New tenant <input type="checkbox"/> New Business License <input type="checkbox"/> Change of Use	1 ST Floor (sq. ft.) _____ 2 nd Floor: _____ 3 rd Floor : _____ Basement: _____ Other: _____	Is the building sprinkled? <input type="checkbox"/> Yes <input type="checkbox"/> No Existing use: _____ Proposed new use: _____ Proposed occupants number: _____ Number of Employees: _____
--	---	---

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)



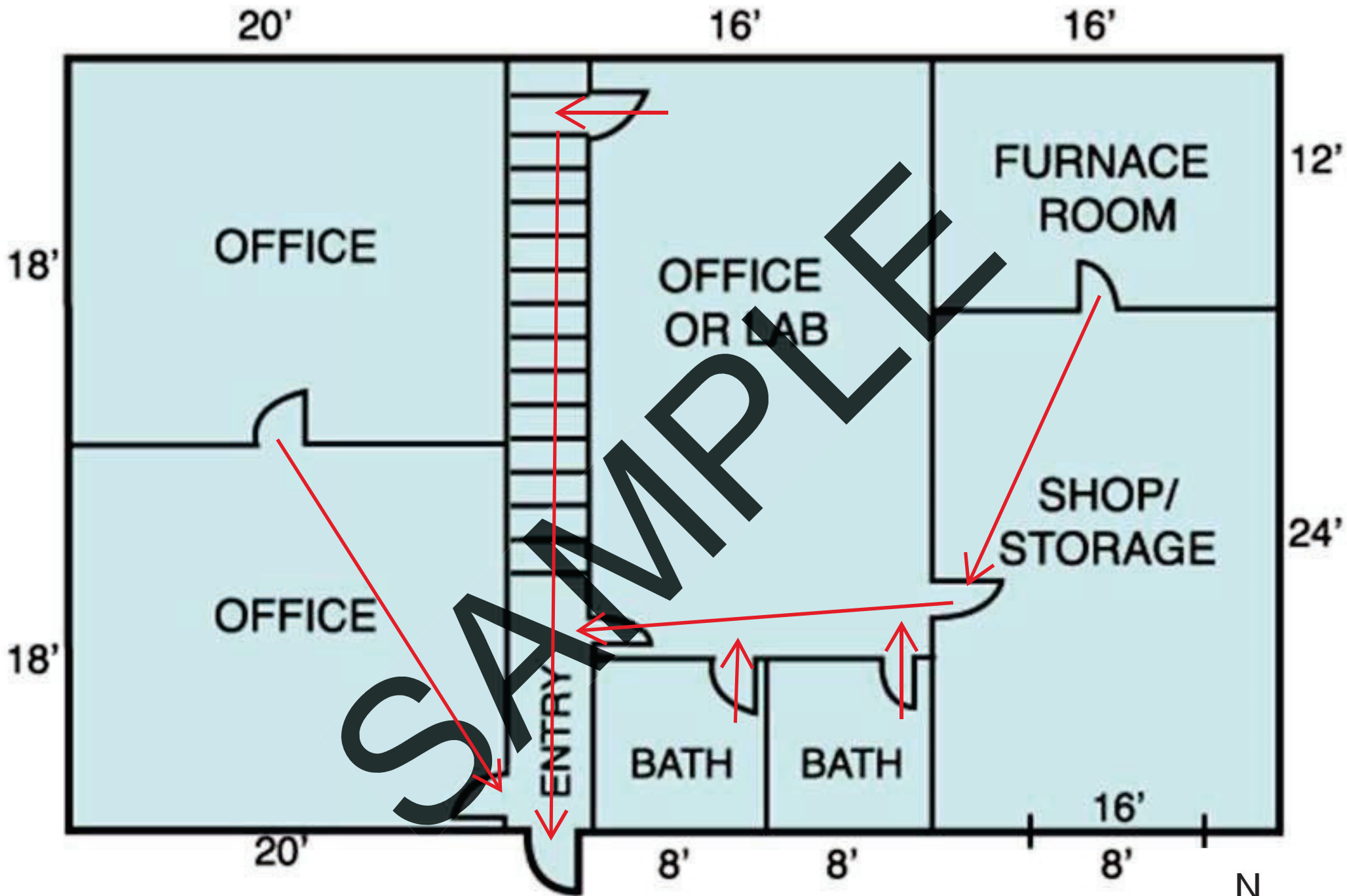
**CITY OF LAKEWOOD
COMMUNITY DEVELOPMENT DEPARTMENT
HANDOUT #16**

**CHANGE OF OCCUPANCY / CHANGE OF USE
OPERATIONAL CHARACTERISTICS DESCRIPTION**

A description of operational characteristics is required for change of occupancy and other permits, as deemed necessary by Community Development Department staff. The operational description must include the following information to be considered complete, use additional pages if necessary:

1. Description of proposed use (detailed business description).
2. Previous occupant use (if unknown, please locate this information with the property manager or owner).
3. List changes that will be made to accommodate the proposed use, such as changes to the overall layout, building, plumbing, mechanical (heating/cooling/vents), and/or machinery, etc., including new, replacements, and/or repairs.
4. Type of products or services proposed to be available on the site.
5. Total square footage of the tenant space and total square footage of the building.
6. Proposed type of equipment/machinery to be used by the business or stored on site (i.e., office equipment, manufacturing equipment, construction equipment).
7. List any other tenants/businesses operating in the building. If available, provide suite numbers, square footage of each tenant space, and type of business(es).

Handouts and application forms may be revised without notice.



FIRST FLOOR

1" = 4 feet

Joe Schmo Consulting
 12345 Main St. Ct SW
 Anytown, WA 12345

