



CASH OR CHECK ONLY PLEASE

**CITY OF LACEY**

Community and Economic Development Department  
420 College Street SE  
Lacey, WA 98503  
(360) 491-5642

***NEW COMMERCIAL PERMIT APPLICATION***

**NOTE: THIS APPLICATION MUST BE ACCOMPANIED BY FOUR SETS OF CONSTRUCTION PLANS, TWO SETS OF SPECIFICATIONS, TWO SETS OF STRUCTURAL CALCS AND ONE ENERGY CODE APPLICATION (IF APPLICABLE), AND FOUR SETS OF FULLY DIMENSIONED SITE PLANS. THE 65% PLAN CHECK FEE IS REQUIRED AT THE TIME OF APPLICATION.**

THIS APPLICATION TO BE USED FOR NEW COMMERCIAL STRUCTURES AND RESIDENTIAL PROJECTS CONTAINING THREE OR MORE UNITS.

**Name of Project:**

Project Address: \_\_\_\_\_ Suite: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

**Proposed Scope of Work:**

Project Value: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Occupancy Type: \_\_\_\_\_ Building Footprint: \_\_\_\_\_

No. of Parking Spaces: \_\_\_\_\_ No. of Disabled Parking Spaces: \_\_\_\_\_ No. of Floors: \_\_\_\_\_

1st Floor sf: \_\_\_\_\_ 2nd Floor sf: \_\_\_\_\_ 3rd Floor sf: \_\_\_\_\_ 4th Floor sf: \_\_\_\_\_ Total Area (sq.ft.): \_\_\_\_\_

Elevator: ( ) Yes, how many \_\_\_\_\_ ( ) No Fire Alarm: ( ) Yes ( ) No Fire Sprinklers: ( ) Yes ( ) No

**OWNER:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TENANT:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>General Contractor:</b>	Phone:	Email:
Address:	City:	State: Zip:
Contractor's License No.	Exp:	City Bus. Reg.
<b>Engineer:</b>	Phone:	Email:
Address:	City:	State: Zip:
<b>Architect:</b>	Phone:	Email:
Address:	City:	State: Zip:

Will you be using employees on this project subject to State Industrial Insurance requirements? ( ) YES ( ) NO

Applicant's Signature

Print Applicant's Name

Date