



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

CASH OR CHECK ONLY PLEASE

DEMOLITION PERMIT APPLICATION

Type of Permit (check one): Residential Commercial

Project Address _____ Parcel Number _____

Lot Number _____ Subdivision _____

Building Area (Sq. Ft.) _____ No. of Floors _____ Number of Buildings _____

Owner _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone Number _____

Cell Phone _____ Fax Number _____ E-mail _____

Address _____ City _____ State _____ Zip Code _____

Scope of Work _____

(Please include an area map and a detailed site clean-up plan with application, ALONG WITH YOUR APPROVED OLYMPIC REGION CLEAN AIR AGENCY [ORCAA] DEMOLITION PERMIT.)

Contractor _____	Phone _____	Fax _____
Address _____	City _____	State _____ Zip _____ E-mail _____
Contractor's License Number _____	Expiration _____	City Bus. Reg. _____

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulations of the State of Washington.

 Applicant's Signature

 Date

 Print Applicant's Name