



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

**CASH OR CHECK ONLY PLEASE**

**EMERGENCY RESPONDER RADIO SIGNAL PERMIT APPLICATION**

FOR INSTALLATION/MODIFICATION OF EMERGENCY RESPONDER RADIO SIGNAL RELAY EQUIPMENT

NOTE: PLEASE INCLUDE THREE (3) SETS OF COMPLETE AND SCALED FLOOR PLANS FOR EMERGENCY RESPONDER RADIO SIGNAL STRENGTH TESTING FOR EACH FLOOR LEVEL.

Project Address \_\_\_\_\_ Parcel Number \_\_\_\_\_

Building Area (Sq. Ft.) \_\_\_\_\_ Number of zones (floor levels) \_\_\_\_\_

**Building Owner** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Project Contact Person** \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>Contractor</b> _____	Phone _____
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