



6000 Main St. SW, Lakewood, WA 98499
Phone: (253) 512-2261

BUILDING PERMIT APPLICATION PERMIT # _____

SITE ADDRESS: _____

PARCEL #: _____

PROPERTY OWNER/TENANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

APPLICANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____ Email address: _____

Will the applicant be the contact person? YES or NO **If other, please specify below:**

Contact person: _____ Daytime Phone: _____

Mailing Address: _____

City/State/Zip: _____

CONTRACTOR: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____ License No: _____

Expiration Date: _____

ARCHITECT/ENGINEER/DESIGNER: (if applicable)

Contact person: _____ Daytime Phone: _____

Mailing Address: _____

City/State/Zip: _____

APPLICATION TYPE: (please circle) **COMMERCIAL** or **RESIDENTIAL**

APPLICATION SUB-TYPE: (please circle) **NEW** **ADDITION** **REMODEL** **REPAIR** **RE-ROOF**

WORK DESCRIPTION: _____
