



CITY OF COVINGTON
 Community Development Department
 16720 SE 271st Street • Suite 100 • Covington, WA 98042
 Phone: (253) 480-2400 • Fax: (253) 480-2401
 www.covingtonwa.gov

EXISTING COMMERCIAL BUILDING PERMIT APPLICATION

PROJECT ADDRESS: _____ TENANT NAME: _____ PARCEL NO.: _____ SUITE NO. _____	FOR STAFF USE ONLY Permit Number: _____ Application Date: _____
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CONTACT INFORMATION

PRIMARY CONTACT PERSON <input type="checkbox"/> Applicant Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____	PROPERTY OWNER <input type="checkbox"/> Applicant Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____
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CONTRACTOR <input type="checkbox"/> Applicant Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____ State Contractor's License #: _____ UBI #: _____	ENGINEER <input type="checkbox"/> Applicant Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____
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TENANT <input type="checkbox"/> Applicant Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____	ARCHITECT <input type="checkbox"/> Applicant Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____
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Lender/Bond Issuer: _____ Address: _____ Phone: _____
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BUILDING INFORMATION

PROJECT DESCRIPTION: _____ _____ _____	VALUATION: \$ _____
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Occupancy type		Zoning		Lot area	
Construction type		Building height		<input type="checkbox"/> Well <input type="checkbox"/> Water District:	
No. of dwelling units		No. of stories		<input type="checkbox"/> Septic <input type="checkbox"/> Sewer District:	

WORK CLASSIFICATION: *(Check all that apply.)*

- Repair Alteration LVL1 Alteration LVL2 Alteration LVL3 Change of Occupancy Addition
 Historic Building Relocated Building

TYPE OF WORK: *(Check all that apply.)*

- General Construction Interior Remodel Kitchen Remodel Tenant Improvement Structural Repair
 Mechanical Plumbing Electrical Demolition Other: _____

DESIGN APPROACH: *(Check all that apply.)*

- IEBC 301.1 Prescriptive Method IEBC 301.2 Work Area Method (IEBC Performance Method—not adopted)
Work Area Square Footage _____ Work area exceeds 50% of floor area Yes No

ALTERATION, RENOVATION, REPAIRS, OR ADDITION:

Assessed Value: _____ Project cost In excess of 50% of Market Value: Yes No

Total Floor Area: _____ **1st Floor:** _____ **2nd Floor:** _____ **3rd Floor:** _____

ACCESSIBILITY: *(Check all that apply.)*

- Alteration requiring up to 20% Alteration (hardware, controls) Alteration (electrical, mechanical, fire)

CHANGE OF OCCUPANCY: *(Check all that apply.)*

- Complete Change of Occupancy Partial Change of Occupancy Change of Use

RECORD OCCUPANCY: *(Check all that apply.)*

- A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H5 I M R1 R2 R3 R4 S1 S2 U

PROPOSED OCCUPANCY: *(Check all that apply.)*

- A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H5 I M R1 R2 R3 R4 S1 S2 U

I **acknowledge** that an application for a permit for any proposed work that has not resulted in the issuance of a permit within 180 days of the date of filing shall be deemed to have been abandoned.

I **certify** that as a contractor I am currently registered and properly licensed as defined in RCW 18.27, or as a property owner, I am exempt from the requirements of the contractor registration and will do all my own work or use properly licensed subcontractors in connection with the work to be performed under this permit. I **certify** that I have read and examined this application and know the same to be true and correct, and that if any of the information provided is incorrect, the permit or approval may be revoked.

Applicant's Signature

Date