



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

NEW 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: _____
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: _____
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: _____
Lender/Bond Issuer: _____ Address: _____ Phone: _____	

BUILDING INFORMATION

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

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