



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

## PERMANENT SIGN PERMIT APPLICATION

<b>BUSINESS NAME:</b> _____ <b>PROJECT ADDRESS:</b> _____ <b>PARCEL NUMBER:</b> _____	<b>FOR STAFF USE ONLY</b> Permit Number: _____ Application Date: _____
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### CONTACT INFORMATION

<b>PRIMARY CONTACT PERSON</b> <span style="float: right;"><input type="checkbox"/> Check if Applicant</span> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Email Address: _____	<b>PROPERTY OWNER</b> <span style="float: right;"><input type="checkbox"/> Check if Applicant</span> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____
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<b>CONTRACTOR</b> <span style="float: right;"><input type="checkbox"/> Check if Applicant</span> Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____ State Contractor's License #: _____ UBI #: _____
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### SIGN DETAILS

<b>The sign is:</b> <input type="checkbox"/> Internally lit <input type="checkbox"/> Externally lit <input type="checkbox"/> Not lit Will the sign face residential zones or public facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Including the sign(s) that are the subject of this application, how many signs will advertise this business? Wall: _____ Freestanding: _____ Total: _____
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WALL SIGNS	
Wall area: length x height of leased space where sign will be mounted.	
<b>Sign</b>	Wall area (sq. ft.): _____ Sign area (sq. ft.): _____ Value of sign construction: _____
<b>Sign 2</b>	Wall area (sq. ft.): _____ Sign area (sq. ft.): _____ Value of sign construction: _____
<b>Sign 3</b>	Wall area (sq. ft.): _____ Sign area (sq. ft.): _____ Value of sign construction: _____

FREESTANDING SIGN
- Generally, only one freestanding sign is allowed per lot. - Structural review is required for freestanding signs.
Street frontage where sign will be located (ft.): _____
Sign face area (sq. ft.): _____
Number of sign faces: _____
Height of building (ft.): _____
Sign height (to the inch): _____
Distance from closest edge of sign to property lines (ft.): _____
Value of sign construction: _____

## CHECKLIST

- Sign permit application**
  - One application for all proposed permanent wall signs
  - One application for all proposed temporary signs (*Temporary Sign Permit Application*)
  - Separate applications required for each proposed freestanding sign
- Two (2) sets of plans required, including site plan showing:
  - (a) Property lines, (b) streets, (c) buildings, (d) sign locations, (e) landscaping
- Sign elevations with area calculations
- Building elevations (for all signs)
- Supporting structure and method of illumination
- One copy of valid Washington State contractor's license
- Sign permit fee per current Fee Resolution

## INSPECTIONS

If the sign needs structural review, the applicant or installer is required to call the Inspection Line at (253) 480-2440 for footing and/or bracket inspections. Footing inspections must take place **before** concrete is poured. Bracket inspections must take place **before** sign is installed. A final inspection is required for all signs when installation is complete. Please call the Inspection Line for a final inspection.

It is the responsibility of the installer to obtain required electrical permits and related inspections from the Washington State Dept. of Labor and Industries (206) 248-6630.

*All of the boxes below must be checked in order for application to be processed.*

- 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

***Print form, sign, date, and return to Permit Services counter at City Hall with the required fee.***