



**CITY OF COVINGTON**  
**Permit Services**  
16720 SE 271<sup>st</sup> Street, Suite 100  
Covington, WA 98042  
(253) 480-2400 Phone  
(253) 480-2401 Fax

**FOR STAFF USE ONLY**

Permit Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

**GRADING PERMIT APPLICATION**

Project Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Parcel No.: \_\_\_\_\_  
Subdivision Name: \_\_\_\_\_ Lot No./Suite No.: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
WA State Contractor's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
City Business License No.: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**PERMIT INFORMATION**

Description of Project: \_\_\_\_\_

SEPA Included  Yes  No

Residential  Commercial

Total volume of cut: \_\_\_\_\_ Cu. Yards fill: \_\_\_\_\_ Cu. Yards

Disturbed Area: \_\_\_\_\_ Acres

Is your project subject to another Land Use Process?  Yes  No If yes, check one below:

Short Plat # \_\_\_\_\_

Site Plan Review # \_\_\_\_\_

Subdivision # \_\_\_\_\_

Conditional Use # \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner/applicant and that all information contained above and in exhibits attached hereto is true and correct to the best of my knowledge and belief and is submitted for consideration by the City of Covington. In addition, I understand that acceptance of this application and fees do not constitute submittal of a valid application until so informed by the Administrator.

**Attach 3 sets of Plans with this application.**

\_\_\_\_\_  
SIGNATURE OF OWNER/AUTHORIZED AGENT

\_\_\_\_\_  
DATE