



CITY OF COVINGTON

Permit Services

16720 SE 271st Street, Suite 100
Covington, WA 98042
(253) 638-1110 Phone
(253) 638-1122 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