



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

LAND USE APPLICATION

STAFF USE ONLY	Project Number: _____ Application Date: _____ Associated Code Violation: _____ SEPA Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
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LAND USE TYPE	<input type="checkbox"/> Code violation <input type="checkbox"/> Critical areas restoration <input type="checkbox"/> Other (specify): _____
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LOCATION OF PROJECT / DEVELOPMENT

Give street address or, if vacant, indicate lot(s), block, and subdivision OR tax lot number, access street and nearest intersection. If proposal applies to several parcels, list the streets bounding the area.

PROJECT ADDRESS: _____ PLAT NAME: _____

PARCEL NUMBER(S): _____ LOT NUMBER(S): _____

LEGAL DESCRIPTION(S): _____
(attach if lengthy)

<p>PROPERTY OWNER <input type="checkbox"/> Applicant</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p>	<p>PRIMARY CONTACT PERSON <input type="checkbox"/> Applicant</p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p>
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PROJECT DESCRIPTION

Please describe your project with sufficient detail.

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

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.

 Signature of Applicant

 Date