



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

COMMERCIAL BUILDING PERMIT APPLICATION

PROJECT ADDRESS: _____ TENANT NAME: _____ PARCEL NO.: _____ SUITE NO.: _____	FOR STAFF USE ONLY Permit Number: _____ Application Date: _____
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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: _____

PROJECT DESCRIPTION: _____	VALUATION: \$ _____
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Type of Work: New Addition Alteration Repair Other: _____

Occupancy type	Zoning	Lot area	
Construction type	Building height	<input type="checkbox"/> Well <input type="checkbox"/> Water District:	
No. of dwelling units	No. of stories	<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**