



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

A-101

RESIDENTIAL BUILDING PERMIT APPLICATION

PROJECT ADDRESS: _____
PARCEL NUMBER: _____
SUBDIVISION NAME: _____ **LOT#** _____

FOR STAFF USE ONLY

Permit Number: _____
 Application Date: _____

CONTACT INFORMATION

PRIMARY CONTACT PERSON Applicant
 Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

PROPERTY OWNER Applicant
 Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

CONTRACTOR Applicant
 Company: _____
 Contact Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____
 State Contractor's License #: _____
 UBI #: _____

ENGINEER Applicant
 Company: _____
 Contact Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Lender/Bond Issuer: _____
 Address: _____
 Phone: _____

ARCHITECT Applicant
 Company: _____
 Contact Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

BUILDING INFORMATION

PROJECT DESCRIPTION: _____ **VALUATION: \$** _____

Type of Work: New Addition Alteration Repair Other: _____

Dwelling sq. ft.		No. of bedrooms	
Garage sq. ft.		No. of bathrooms	
Decks sq. ft.		<input type="checkbox"/> Well <input type="checkbox"/> Water District:	Zoning
Covered porch sq. ft.		<input type="checkbox"/> Septic <input type="checkbox"/> Sewer District:	Building height

Mechanical Units	No.	Fee, each	Total
Gas piping system, 1-5 outlets		\$10	
- Additional outlets, each		\$6	
Furnace		\$23	
Furnace, over 100,000 BTU		\$26	
Dryer (gas)		\$15	
Range hood		\$15	
Range (gas)		\$15	
Water heater (gas)		\$15	
Wood stove/insert		\$15	
Fireplace		\$15	
Fireplace logs (gas)		\$15	
Heat pump		\$15	
Gas radiant heater		\$23	
Ventilation fan/duct		\$12	
Appliance vent		\$12	
Misc. appliance		\$15	
Other: _____			
Issuance fee		\$50	
SUBTOTAL OF MECHANICAL FEES			

Plumbing Units	No.	Fee, each	Total
Bathtub		\$12	
Bath/shower combination		\$12	
Clothes washer		\$12	
Dishwasher		\$12	
Hose bib		\$12	
Kitchen sink		\$12	
Laundry tub/tray		\$12	
Lavatory (bathroom sink)		\$12	
Shower		\$12	
Toilet/water closet		\$12	
SUBTOTAL FIXTURES/TRAPS			
Repair/alter drain waste/vent		\$12	
Water heater/vent (electric)		\$12	
Gas piping system (1-5 outlets)		\$10	
- Additional outlets, each		\$6	
Other: _____			
Issuance fee		\$38	
SUBTOTAL OF PLUMBING FEES			

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