



CITY OF COVINGTON
Permit Services
16720 SE 271st Street, Suite 100
Covington, WA 98042

Phone: (253) 480-2400
Fax: (253) 480-2401
www.covingtonwa.gov

TESTING LAB INFORMATION

Testing lab information must be provided at the time of building permit submittal.

Project Name: _____

Project Address: _____

Name of Testing Lab*: _____

Address: _____ Phone: _____

Selection of the testing lab is final and owner shall retain test lab to conduct required special inspections.

Name of Property Owner: _____

Address: _____ Phone: _____

Name of Engineer: _____ Phone: _____

Name of Architect: _____ Phone: _____

Name of Geotechnical Engineer: _____

Address: _____ Phone: _____

Soils Report #: _____ Soils Report Date: _____

The geotechnical engineer of record shall provide verification of soil design.

I certify that I am the: (check all that apply)

- Property owner
- Building owner
- Business owner
- Agent of property owner, but not the contractor
- Agent of building owner, but not the contractor
- Agent of business owner, but not the contractor

Signature of property/building/ business owner OR
Signature of agent of owner, excluding contractor

Date: _____

* May use any special inspection agency approved by Washington Association of Building Officials (WABO) for the type of inspection required.