



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

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## 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.

