



**CITY OF COVINGTON**  
**Community Development Department**  
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A-105

## ADDITIONAL SUBMITTAL

- Revisions requested by City of Covington
- Revisions requested by owner
- Additional information
- Other: \_\_\_\_\_

### FOR STAFF USE ONLY

Permit Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

DATE: \_\_\_\_\_ PERMIT/FILE NO.: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  Contractor  Owner  Other: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SHEET NUMBER(S): \_\_\_\_\_

REVISION SUMMARY: \_\_\_\_\_

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