



**CITY OF COVINGTON**  
**Community Development Department**  
 16720 SE 271st Street • Suite 100 • Covington, WA 98042  
 Phone: 253-638-1110 • Fax: 253-638-1122  
 www.ci.covington.wa.us

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 Address: \_\_\_\_\_

**PROPERTY OWNER**  Applicant  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

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

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

**Lender/Bond Issuer:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

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

### BUILDING INFORMATION

**PROJECT DESCRIPTION:** \_\_\_\_\_ **VALUATION: \$** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Type of Work:**  New  Addition  Alteration  Repair  Other: \_\_\_\_\_

Dwelling sq. ft.		No. of bedrooms		No. of dwelling units	
Garage sq. ft.		No. of bathrooms		Lot area	
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, 1-4 outlets		\$9	
- Additional outlets, each		\$6	
Furnace		\$21	
Furnace, over 100,000 BTU		\$24	
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		\$21	
Ventilation fan/duct		\$12	
Appliance vent		\$12	
Misc. appliance		\$15	
Other: _____			
Issuance fee/supp. issuance fee		\$36/\$15	

Plumbing Units	No.	Fee, each	Total
Bathtub		\$12	
Bath/shower combination		\$12	
Clothes washer		\$12	
Dishwasher		\$12	
Hose bibb		\$12	
Kitchen sink		\$12	
Laundry tub/tray		\$12	
Lavatory (bathroom sink)		\$12	
Shower		\$12	
Toilet/water closet		\$12	
<b>SUBTOTAL FIXTURES/TRAPS</b>		<b>\$12</b>	
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/supp. issuance fee		\$36/\$15	

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**