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
For appointments: PermitServices@covingtonwa.gov or call (253) 480-2400, extension 0.

EXPEDITED PLAN REVIEW REQUEST

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

Permit Number: _____
Application Date: _____

CONTACT INFORMATION

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

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

Request must be submitted at the time of original application.

I, the applicant/contact for the above referenced project, am requesting expedited review for the permit application listed above. I understand that as part of the review process the following will be evaluated: the quality of the plans and supporting documentation, the availability of review staff, and the genuine need and/or hardship justifying the request.

Justification/Hardship:

_____

_____

_____

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 expedited permit review or approval may be denied or revoked.

_____ _____
Applicant's Signature **Date**

Official Use Only

❑ Approved ❑ Denied

Administrator _____ Date _____

Comments: _____

_____