



City of Covington  
 Community Development Department  
 16720 SE 271st Street • Suite 100 • Covington, WA 98042  
 Phone: (253) 480-2400 • www.covingtonwa.gov  
 For appointments: PermitServices@covingtonwa.gov or call (253) 480-2400, ext. 0.

## TEMPORARY CERTIFICATE OF OCCUPANCY REQUEST

|   |   |
|---|---|
| PROJECT ADDRESS: _____<br>PARCEL NUMBER: _____<br>SUBDIVISION NAME: _____ LOT# _____<br>PROJECT NAME: _____ | Permit Number: _____<br>Application Date: _____ |
|---|---|

### CONTACT INFORMATION

|  |  |
|--|--|
| <b>PRIMARY CONTACT PERSON</b> <span style="float: right;"><input type="checkbox"/> Applicant</span><br>Name: _____<br>Address: _____<br>City/State/Zip: _____<br>Phone: _____<br>E-mail: _____ | <b>PROPERTY OWNER</b> <span style="float: right;"><input type="checkbox"/> Applicant</span><br>Name: _____<br>Address: _____<br>City/State/Zip: _____<br>Phone: _____<br>E-mail: _____ |
|--|--|

I the applicant/contact for the above referenced project have completed all of the work detailed on the approved plans in accordance with the International Building Code and have had all of the final building inspections for the project. I am requesting temporary occupancy per International Building Code section 111.3. I have reviewed the conditions of approval including the temporary occupancy requirements and feel that this project meets all the criteria. Below is the justification/Hardship for the request and a list of all outstanding issues with the completion dates:

Justification/Hardship: \_\_\_\_\_

1) \_\_\_\_\_ Completion Date: \_\_\_\_\_

2) \_\_\_\_\_ Completion Date: \_\_\_\_\_

3) \_\_\_\_\_ Completion Date: \_\_\_\_\_

More information is attached

I acknowledge that this is a Temporary Occupancy and can be terminated at any time by the Building Official. I understand that the term is for 30 days from the approval date and that I must complete all of the work within the time allotted. It is my intent to complete the required work in a timely manner in accordance with the requirements of the City of Covington.

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 Temporary Occupancy, permit, or approval may be revoked.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**Official Use Only**

Approved  Denied

Administrator \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_