



City of Covington
Community Development Department
16720 SE 271st Street • Suite 100 • Covington, WA 98042
Phone: (253) 480-2400 • www.covingtonwa.gov
Questions? PermitServices@covingtonwa.gov

EXPEDITED PLAN REVIEW REQUEST

PROJECT ADDRESS: _____ PARCEL NUMBER: _____ SUBDIVISION NAME: _____ LOT# _____ PROJECT NAME: _____	Permit Number: _____ Application Date: _____
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CONTACT INFORMATION

PRIMARY CONTACT PERSON <input type="checkbox"/> Applicant Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail: _____	PROPERTY OWNER <input type="checkbox"/> Applicant Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail: _____
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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: _____
