



City of Covington

TRADE PERMIT

PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Date Received: _____

Received By: _____

Process No.: _____

ALL STATE LICENSED SUBCONTRACTORS MUST SUBMIT THIS AFFIDAVIT.

I. REQUIREMENTS:

Copy of state license Copy of driver's license Copy of business license

II. PROJECT NAME:

Is this project related to other permitted projects? _____

Description of work to be completed: _____

III. PROJECT LOCATION:

Address: _____ Zoning District: _____

Parcel ID: _____ Parcel Size (Acres): _____

IV. PROPERTY OWNER:

Name: _____

Address: _____

Phone: _____ Email Address: _____

V. TRADE:

ELECTRICAL HVAC PLUMBING LOW VOLTAGE SPRINKLER ALARM

VI. CONTRACTOR INFORMATION:

Business Name: _____ Phone: _____

Business Address: _____ City: _____ State: ____ Zip: _____

License Holder: _____ Email: _____

State License Number: _____ Expiration Date: _____

VII. SIGNATURE:

By signing below, I agree that I am the licensed contractor listed on this affidavit and responsible for my trade at this project location.

Signature: _____ Date: _____

Print: _____