



MARK R. JOHNSON
Mayor

CITY OF COVINGTON
OCCUPATIONAL LICENSE DEPARTMENT
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NEW BUSINESS BUILDING COMPLIANCE FORM

Please fill in information, print and sign.

PROPERTY OWNER NAME: _____ PHONE #: _____

BUSINESS OWNER NAME: _____ PHONE #: _____

NAME OF BUSINESS: _____

LOCATION: _____

TYPE OF BUSINESS: _____

FOR INTERNAL USE ONLY:

Building modifications needed: Yes _____ No _____

Building modifications performed to code: Yes _____ No _____

State Fire Marshall approval required: Yes _____ No _____

Backflow Preventer: Yes _____ No _____

Grease Trap Method: Yes _____ No _____

DEQ / EPA / DHH Approval Required: Yes _____ No _____ (If yes, please circle which is needed.)

Sewer Discharge Category: Minor / Major / Specific (If specific, note category.) _____

Other comments: _____

APPROVED BY CITY OFFICIAL:

Signature

Date