



MIKE COOPER
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 _____

Other comments: _____

APPROVED BY CITY OFFICIAL:

Signature

Date