



MIKE COOPER  
Mayor

**CITY OF COVINGTON**  
OCCUPATIONAL LICENSE DEPARTMENT  
317 North Jefferson Avenue  
Post Office Box 778  
Covington, Louisiana 70434  
phone 985.867.1214  
fax 985.273.3014  
website www.covla.com

## 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