

City of Castle Rock

Department Of Building and Planning

City Hall, PO Box 370 / 141 'A' St SW, Castle Rock, WA 98611 Phone: 360.274.8181 / Email: finance@ci.castle-rock.wa.us

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PLEASE PRINT IN INK OR TYPE	

MASTER APPLICATION

	PROPERTY INFORMATION	ON			
Project Address:	City:	Parcel	#:		
Short Plat/Subdivision:		Block:	_ Lot:		
OW	NER/APPLICANT INFORM	MATION			
Applicant/Authorized Agent:		Phone:			
Mailing Address:	City:	State:_	Zip:		
Property Owner:		Phone:			
Mailing Address:	City:	State:_	Zip:		
Contractor:	Lic #:	Phone:			
Mailing Address:	City:	State:	Zip:		
Lender Name:		Phone:			
Lender's Address:					
	PROJECT INFORMATIC				
Building/Construction Building Permit Excavation & Grading Permit Manufactured/Structure Placement Mechanical Permit Plumbing Permit Roofing Permit Signage Permit Other	Planning Critical Are Flood Plain Master Pla Mobile Hot Plat (Prelin Plat (Final) Short Plat Site Plan (P Site Plan (F	n me Park ninary) reliminary) inal)	Environmental Critical Areas Flood Plain Permits SEPA Surface Mining Other		
Occupancy Group: Type of Construction:	Sq. Ft	No. of Stories:	No. of Bedrooms:		
Is there any grading, filling, or excavation associated with this project? Quantity (cubic yards): (Including grading for road construction, site preparation, and landscaping.) NO SITE WORK MAY BE DONE PRIOR TO CRITICAL AREAS DETERMINATION.					
Water Supply: Sewage Disposal:	Type of Heat:	Fair Market Value:			
Does project involve Asbestos? YES NO PLEASE PROVIDE	A BASIC DESCRIPTION OF THE	PROPOSED PROJECT:			
I hereby certify that I am the owner or duly authorized agent of the all employees and representatives of the City of Castle Rock and process this application. I further certify that I have read and example on this application.	dother governmental agencies	to enter upon and inspect said pro w the same to be true and correct	operty as reasonably necessary to		
APPLICANT'S SIGNATURE:		DATE:	_		
APPLICATION ACCEPTED BY:	DATE:_		PERMIT NUMBER		
APPLICATION APPROVED BY:	DATE:_		CR		