

CITY OF CASTLE ROCK

DEPARTMENT OF BUILDING AND PLANNING
City Hall, P.O. Box 370 / 141 "A" Street, Castle Rock, WA 98611
Phone: (360) 274-8181 FAX: (360) 274-4876

CR

MASTER APPLICATION

PLEASE PRINT IN INK OR TYPE

PROPERTY INFORMATION

Project Address _____ City _____ Parcel # _____

Short Plat/Subdivision _____ Block _____ Lot _____

OWNER/APPLICANT INFORMATION

Applicant/Authorized Agent _____ Daytime Phone (____) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Property Owner _____ Daytime Phone (____) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Contractor Name _____ Lic # _____ Exp. Date _____ Phone (____) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Lending Institution Information:

Lender Name: _____ Phone:(____) _____

Lender's Address: _____

PROJECT INFORMATION

Building/Construction

- Building Permit
- Manufactured/Structure Placement
- Plumbing Permit
- Mechanical Permit
- Excavation & Grading Permit
- Roofing Permit
- Signage Permit
- Other

Planning

- Site Plan (Preliminary)
- Site Plan (Final)
- Critical Areas
- Flood Plain
- Master Plan
- Mobile Home Park
- Plat (Preliminary)
- Plat (Final)

Environmental

- SEPA
- Flood Plain Permits
- Critical Areas
- Surface Mining
- Other

PROJECT DESCRIPTION

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): _____
(Include 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 Mkt. 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 owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked.

APPLICANT'S SIGNATURE _____ DATE _____

A SITE PLAN REVIEW IS: REQUIRED NOT REQUIRED STAFF INITIALS _____

APPLICATION ACCEPTED BY _____ DATE _____

Application Approved by: _____ Date: _____ PERMIT NUMBER CR _____

Initials

