



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

CR-LU-24-001
SEPA
PLEASE PRINT IN INK OR TYPE

MASTER APPLICATION

PROPERTY INFORMATION

Project Address: 4400 Block of West side Hwy City: Castle Rock Parcel #: WJ1502001
Short Plat/Subdivision: Block: Lot:

OWNER/APPLICANT INFORMATION

Applicant/Authorized Agent: City of Castle Rock Phone: 360-274-7478
Mailing Address: PO Box 370 City: Castle Rock State: WA Zip: 98611
Property Owner: City of Castle Rock Phone: 360-274-7478
Mailing Address: PO Box 370 City: Castle Rock State: WA Zip: 98611
Contractor: None Lic #: Phone:
Mailing Address: City: State: Zip:
Lender Name: None Phone:
Lender's Address:

PROJECT INFORMATION

- Building/Construction: [ ] Building Permit, [x] Excavation & Grading Permit, [ ] Manufactured/Structure Placement, [ ] Mechanical Permit, [ ] Plumbing Permit, [ ] Roofing Permit, [ ] Signage Permit, [ ] Other
Planning: [ ] Critical Areas, [ ] Flood Plain, [ ] Home Occupation Business License, [ ] Master Plan, [ ] Mobile Home Park, [ ] Plat (Preliminary), [ ] Plat (Final), [ ] Site Plan (Preliminary), [ ] Site Plan (Final)
Environmental: [ ] Critical Areas, [ ] Flood Plain Permits, [x] SEPA, [ ] 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):
(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
PROVIDE A BASIC DESCRIPTION OF THE PROPOSED PROJECT:

Stockpile 110,000 cy dredge spoils

I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. Further, I grant permission from the owner to any and all employees and representatives of the City of Castle Rock and other governmental agencies to enter upon and inspect said property as reasonably necessary to process 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: [Signature] DATE: 5/16/24
APPLICATION ACCEPTED BY: [Signature] DATE: 5/16/2024
APPLICATION APPROVED BY: DATE:

PERMIT NUMBER
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