



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 Fax: (360) 274-4876

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PLEASE PRINT IN INK OR TYPE

MASTER APPLICATION

PROPERTY INFORMATION

Project Address: _____ City: _____ Parcel #: _____
 Short Plat/Subdivision: _____ Block: _____ Lot: _____

OWNER/APPLICANT INFORMATION

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 INFORMATION

- | | | |
|---|---|---|
| <p>Building/Construction</p> <input type="checkbox"/> Building Permit
<input type="checkbox"/> Excavation & Grading Permit
<input type="checkbox"/> Manufactured/Structure Placement
<input type="checkbox"/> Mechanical Permit
<input type="checkbox"/> Plumbing Permit
<input type="checkbox"/> Roofing Permit
<input type="checkbox"/> Signage Permit
<input type="checkbox"/> Other | <p>Planning</p> <input type="checkbox"/> Critical Areas
<input type="checkbox"/> Flood Plain
<input type="checkbox"/> Master Plan
<input type="checkbox"/> Mobile Home Park
<input type="checkbox"/> Plat (Preliminary)
<input type="checkbox"/> Plat (Final)
<input type="checkbox"/> Site Plan (Preliminary)
<input type="checkbox"/> Site Plan (Final) | <p>Environmental</p> <input type="checkbox"/> Critical Areas
<input type="checkbox"/> Flood Plain Permits
<input type="checkbox"/> SEPA
<input type="checkbox"/> Surface Mining
<input type="checkbox"/> 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
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: YES NO **STAFF INITIALS:** _____
APPLICATION ACCEPTED BY: _____ **DATE:** _____
APPLICATION APPROVED BY: _____ **DATE:** _____

PERMIT NUMBER
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