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

CRP-26-010

SEPA

PLEASE PRINT IN INK OR TYPE

MASTER APPLICATION

PROPERTY INFORMATION

Project Address: City of Castle Rock City: Castle Rock Parcel #: N/A

Short Plat/Subdivision: _____ Block: _____ Lot: _____

OWNER/APPLICANT INFORMATION

Applicant/Authorized Agent: City of Castle Rock Phone: 360.274.8181

Mailing Address: PO Box 370 City: Castle Rock State: WA Zip: 98611

Property Owner: N/A Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contractor: N/A Lic #: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Lender Name: N/A Phone: _____

Lender's Address: _____

PROJECT INFORMATION

Building/Construction

- ☐ Building Permit
- ☐ 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
- ☐ 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:

SEPA Review for City of Castle Rock Critical Areas Ordinance Update

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: _____ DATE: 4/29/2026

APPLICATION ACCEPTED BY: Marlene Ahuna DATE: 6/3/2026

APPLICATION APPROVED BY: _____ DATE: _____

PERMIT NUMBER
CR P-26-010