



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 23-73
Rezoning Application
PLEASE PRINT IN INK OR TYPE

MASTER APPLICATION

PROPERTY INFORMATION

Project Address: 356 Bond Rd. City: Castle Rock Parcel #: 30869
Short Plat/Subdivision: Block: Lot:

OWNER/APPLICANT INFORMATION

Applicant/Authorized Agent: Skylar Ribelin Phone: 360-747-2405
Mailing Address: 356 Bond Rd. City: Castle Rock State: WA Zip: 98611
Property Owner: Skylar Ribelin Phone: 360-747-2405
Mailing Address: 356 Bond Rd. City: Castle Rock State: WA Zip: 98611
Contractor: N/A Lic #: Phone:
Mailing Address: City: State: Zip:
Lender Name: N/A Phone:
Lender's Address:

PROJECT INFORMATION

Building/Construction: [X] Building Permit, [] Excavation & Grading Permit, [] Manufactured/Structure Placement, [] Mechanical Permit, [] Plumbing Permit, [] Roofing Permit, [] Signage Permit, [X] Other: Rezoning
Received: NOV 07 2023 CR 23-73 Castle Rock Finance
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: Home Sq. Ft.: 1800 No. of Stories: 2 No. of Bedrooms: 3
Is there any grading, filling, or excavation associated with this project? no Quantity (cubic yards):
Water Supply: Sewage Disposal: Type of Heat: Fair Market Value:

Does project involve Asbestos? [] YES [X] NO
PROVIDE A BASIC DESCRIPTION OF THE PROPOSED PROJECT:

the project is to initially switch my property over from Commerical to residential zoning so i can acquire a building permit to build a home.

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: 11/6/2023

APPLICATION ACCEPTED BY: [Signature] DATE: 11/07/2023

APPLICATION APPROVED BY: DATE:

PERMIT NUMBER CR 23-73