

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
PLEASE PRINT IN INK OR

MASTER APPLICATION

PROPERTY INFORMATION			
Project Address: See property sheet attached	City: Castle Rock	Parcel #: See property sheet	
Short Plat/Subdivision: N/A	Block:	Lot:	
OWNER/A	APPLICANT INFORMATION		
Applicant/Authorized Agent: Shane Tapani, CT6, LLC	P	hone: (360) 687-1148	
Mailing Address: PO Box 1419	City:_ Battle Ground	State: WA Zip: 98604	
Property Owner: See property sheet attached	P	hone:	
Mailing Address:	City:	State: Zip:	
Contractor: Tapani, Inc.	Lic #:TAPANI*883OE P	hone: (360) 687-1148	
Mailing Address: PO Box 1900	City:_Battle Ground	State: WA Zip: 98604	
Lender Name:	P	hone:	
Lender's Address:			
PRO	JECT INFORMATION		
Building/Construction Building Permit Excavation & Grading Permit Manufactured/Structure Placement Mechanical Permit Plumbing Permit Roofing Permit Signage Permit Other Engineering Plan Review	Planning Critical Areas Flood Plain Master Plan Mobile Home Park Plat (Preliminary) Plat (Final) Short Plat Site Plan (Preliminary) Site Plan (Final)	Environmental Critical Areas Flood Plain Permits SEPA Surface Mining Other NOTE: WE'VE SUBMITTED THREE COPIES OF THE PERMIT, SIGNED BY EACH PROPERTY OWNER INVOLVED	
·	DJECT DESCRIPTION		
Occupancy Group: N/A Type of Construction: N/A Sq. Ft. N/A No. of Stories: N/A No. of Bedrooms: N/A Is there any grading, filling, or excavation associated with this project? Yes Quantity (cubic yards): 1,100 cubic yards (Including grading for road construction, site preparation, and landscaping.) NO SITE WORK MAY BE DONE PRIOR TO CRITICAL AREAS DETERMINATION. Water Supply: N/A Sewage Disposal: N/A Type of Heat: N/A Fair Market Value: N/A Does project involve Asbestos? YES NO PLEASE PROVIDE A BASIC DESCRIPTION OF THE PROPOSED PROJECT: Constructing a stormwater outfall to the Cowlitz River 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 centified 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: 11/13/2024 4:04 PM PST			
APPLICATION ACCEPTED BY:		PERMIT NUMBER	
APPLICATION APPROVED BY:	DATE:	CR	



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APPLICANT'S SIGNATURE:		DATE:
APPLICATION ACCEPTED BY: APPLICATION APPROVED BY RAYMON FILTURE E571790A6882430	DATE:DATE:11/13/2024	4 5:31 PM PST PERMIT NUMBER CR



18405 SE Mill Plain Boulevard, Suite 100 Vancouver, WA 98683 360.695.3411 www.mackaysposito.com

Castle Rock Landing on the Cowlitz Property Information

BLA Parcel Number	Proposed Adjusted TPN	Property Owner
1	308640100	CT6, LLC
2	30813	CT6, LLC
3	6143802	CT6, LLC
4	308100100	MLC Ventures LLC
5	30812	Pieren Raymond
6	308640200	Pieren Raymond
7	30864	Pieren Raymond