



For agency use only.  
Request #:

**SPOKANE REGIONAL CLEAN AIR AGENCY**  
1610 S. Technology Blvd., Suite 101, Spokane, WA 99224  
(509) 477-4727, Fax (509) 477-6828, www.SpokaneCleanAir.org

**PAVING WAIVER REQUEST**  
**PURSUANT TO SPOKANE COUNTY ZONING CODE 14.802.080**

*This paving waiver request must be accompanied by the required \$89 filing fee.*

*To complete this application, please "save as" the document onto your computer. Then tab or use your mouse to click and fill in the required data. Print, sign, and submit with base fee and any required additional information.*

**1. GENERAL INFORMATION**

<b>Owner / Operator:</b>	<b>Applicant:</b>
<b>Owner Mailing Address:</b>	<b>Applicant Address:</b>
<b>Contact Person:</b>	<b>Contact Person:</b>
<b>Phone #:</b>	<b>Applicant Phone #:</b>
<b>Fax #:</b>	<b>Applicant Fax #:</b>
<b>Email:</b>	<b>Applicant Email:</b>
<b>Installation Address:</b>	<b>Nature of Business:</b>
<b>Planning department contact info.</b> (name, phone, email):	

**2. SUMMARY OF PROPOSAL/PROJECT (Attach an additional sheet of paper if necessary.)**

**3. WHY IS THE PAVING WAIVER BEING REQUESTED (Attach an additional sheet of paper if necessary.)**

**4. MITIGATING MEASURES TO BE USED IN LIEU OF PAVING (Attach an additional sheet of paper if necessary.)**

**5. OTHER INFORMATION (Attach to this application.)**

Site plan of the proposal showing:

<input type="checkbox"/> areas for which the waiver is requested	<input type="checkbox"/> traffic flow
<input type="checkbox"/> areas where paving will occur	<input type="checkbox"/> estimates of amount of traffic per day

**I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE. I ALSO AGREE TO PAY THE REVIEW FEE PER SRCAA REGULATION I, SECTION 10.14.**

Signature:	Date:
Print Name:	Phone:
Title:	Email:

Updated: Sept. 2017