

**SPOKANE REGIONAL CLEAN AIR AGENCY**  
 3104 E. Augusta Ave., Spokane, WA 99207-5384 (509) 477-4727

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| For Agency Use Only<br>Request No. _____ |
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**PAVING WAIVER REQUEST**  
**PURSUANT TO SPOKANE COUNTY ZONING CODE 14.802.080**

*This paving waiver request must be accompanied by the required \$50.00 filing fee. An additional review fee of \$55 per hour will be invoiced for each hour of time expended by the authority in handling the request.*

**1. GENERAL INFORMATION**

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| Owner:                                       | Applicant:           |
| Contact Person:                              | Contact Person:      |
| Owner's Mailing Address:                     | Applicant's Address: |
| Phone:                                       | Phone:               |
| Installation Address:                        | Nature of Business:  |
| Person Contacted at the Planning Department: |                      |

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

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

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

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**5. OTHER INFORMATION - ATTACH TO THIS APPLICATION**

SITE PLAN OF THE PROPOSAL SHOWING: AREAS FOR WHICH THE WAIVER IS REQUESTED AND AREAS WHERE PAVING WILL OCCUR, AND TRAFFIC FLOW AND 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.**

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|---------------------|--------|
| Signature:          | Date:  |
| Type or Print Name: | Title: |
|                     | Phone: |