



Building Development Center
2000 Lakeridge Dr. SW, Olympia, WA 98502
(360)786-5490 / (360)754-2999 (Fax)
TTY/TDD call 711 or 1-800-833-6988
Email: permit@co.thurston.wa.us
www.co.thurston.wa.us/permitting
Creating Solutions for Our Future

MASTER APPLICATION

This application must accompany a project specific supplemental application.

STAFF USE ONLY	DATE STAMP
<p>(ATTN)</p> <p>NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u>.</p> <p>Intake By: _____</p>	

PROPERTY INFORMATION

1. Tax Parcel Number(s) 11815121800 ; _____ ; _____ ; _____

2. Subdivision Name _____ Lot # _____

3. Property Address 7027 Martin Way E City Olympia Zip Code 98516

4. Directions to Property (from nearest major road)
On Martin Way east from I-5, about 1.3 miles to site on right.

PROPERTY ACCESS

5. Property Access Existing Proposed

6. Access Type Private Driveway Shared Driveway Private Road Public Road

7. Property Access Issues (locked gate, gate code, dogs or other animals) No Yes _____
Property owner is responsible for providing gate code and securing animals prior to site visit.

WATER/SEPTIC

8. Water Supply Existing Proposed

9. Water Supply Type Single Family Group A Group B
WATER SYSTEM NAME Thurston PUD

10. Waste Water Sewage Disposal Existing Proposed

11. Sewage Disposal System Type Individual Septic System Community System Sewer
NAME OF PUBLIC SYSTEM City of Lacey/Thurs

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BILLING OF INVOICES

The fee charged at the time of application covers base hours listed on the fee schedule. When base hours by a Department are used, a monthly billing invoice is generated at the hourly rate listed on the fee schedule. Should review of the project exceed the base hours allotted, billing invoices shall be mailed to: Owner Applicant Point of Contact

PROPERTY OWNER (additional property owner sheet can be obtained online at www.co.thurston.wa.us/permitting)

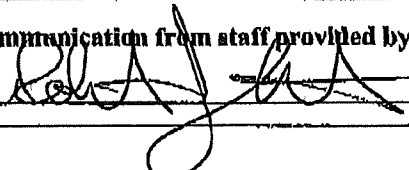
Property Owner Name Thurston County Food Bank, Robert Colt, Director

Mailing Address 220 Thurston Ave NE City Olympia Zip Code 98501

Phone (360) 352-8597 Cell () Fax ()

EMAIL director@thurstoncountyfoodbank.org and locsmanager@thurstoncountyfoodbank.org

Communication from staff provided by Email? YES NO

Property Owner Signature*  Date 4/17/2018

APPLICANT

Applicant Name same as Owner

Mailing Address _____ City _____ Zip Code _____

Phone () Cell () Fax ()

EMAIL _____

Communication from staff provided by Email? YES NO

Signature* _____ Date _____

POINT OF CONTACT (Person receiving all County correspondence)

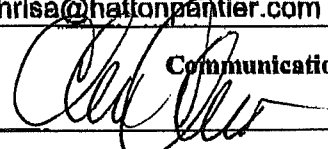
Name Hatton Godat Pantler, Chris Aldrich, RLA, Planning Manager

Mailing Address 3910 Martin Way E. City Olympia Zip Code 98506

Phone (360) 943-1599 Cell () Fax (360) 357-6299

EMAIL chrlsa@hattonpantier.com

Communication from staff provided by Email? YES NO

Signature*  Date 4-17-18

***DISCLAIMER**

Application is hereby made for a permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in the application package and that to the best of my knowledge and belief, such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the agencies to which this application is made or forwarded, the right to enter the above-described location to inspect the proposed, in-progress or completed work. I agree to start work only after all necessary permits/approvals have been received.