



Thurston County Permit Assistance Center
 2000 Lakeridge Dr. SW, Olympia, WA 98502
 (360) 786-5490 | (360) 754-2939 (Fax)
 TDD Line (360) 754-2933
 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
PLEASE NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLUE OR BLACK INK <u>ONLY</u>	
	Intake By: _____

Property Tax Parcel Number(s): _____

Subdivision Name (if applicable): _____

Property Address: _____ **City:** _____ **Zip Code:** _____

Directions to the Property:

Property Access: Existing Proposed

Access Type: Private Driveway Shared Driveway Private Road Public Road

Property Access Issues (locked gate, code required, dogs or other animals): No Yes **If yes, Describe:**

(property owner is responsible for securing animals prior to site visit)

Water Supply: Existing Proposed

Water Supply Type: Single Family Two Single Family Residential Group A Group B
 Group B Exempt Name of Community Water System: _____

Waste Water Sewage Disposal: Existing Proposed Individual Septic System Sewer
 Community Septic System Name of Public System: _____

DESCRIPTION OF PROJECT PROPOSAL (attach additional sheet if needed)

BILLING OF INVOICES

The base application fee charged at the time of application covers base hours listed on the fee schedule. When the base hours by a Department are used, a monthly billing invoice will be generated for additional hours 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

Additional property owner sheets can be obtained online at www.co.thurston.wa.us/permitting

EMAIL: An email address is required if you would like communication to be provided by email.

Property Owner: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____
Cell #: _____ E-mail: _____
Signature:* _____ **Date:** _____

Applicant (if different than owner): _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____
Cell #: _____ E-mail: _____
Signature:* _____ **Date:** _____

Point of Contact: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____
Cell #: _____ E-mail: _____
Signature:* _____ **Date:** _____

***Application is hereby made for a permit or permits to authorize the activities described herein. I certify that I am familiar with the information contained in the application 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.**