



Building Development Center

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www.thurstoncountybdc.com

Creating Solutions for Our Future

MASTER APPLICATION

This application must accompany a project specific supplemental application.

STAFF USE ONLY	DATE STAMP
<p>LABEL</p> <p>NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	
<p>Gopher Soils <input type="checkbox"/> YES <input type="checkbox"/> NO Prairie Soils <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Intake By: _____</p>

PROJECT DESCRIPTION _____

PROPERTY INFORMATION

1. Tax Parcel Number(s) _____; _____; _____
2. Subdivision Name _____ Lot # _____
3. Property Address _____ City _____ Zip Code _____
4. Directions to Property (from Thurston County Courthouse)

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 _____
 Point of contact will be contacted for gate code prior to site visit. Gate codes written on this form are public information. 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 Two Party Well Group A Group B
 WATER SYSTEM NAME _____
10. Waste Water Sewage Disposal Existing Proposed
11. Sewage Disposal System Type Individual Septic System Community System Sewer
 NAME OF PUBLIC SYSTEM _____

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.thurstoncountybdc.com)

Property Owner Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone (_____) _____ Cell (_____) _____ Fax (_____) _____

EMAIL _____

Communication from staff provided by Email? YES NO

Property Owner Signature* _____ Date _____

APPLICANT

Applicant Name _____

Mailing Address _____ City _____ State _____ 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 _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone (_____) _____ Cell (_____) _____ Fax (_____) _____

EMAIL _____

Communication from staff provided by Email? YES NO

Signature* _____ Date _____

***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.