



Thurston County Resource Stewardship  
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## Supplemental Application WASHINGTON ASSOCIATION OF BUILDING OFFICIAL (WABO) INSPECTION FOR ADULT FAMILY HOME

| STAFF USE ONLY  | DATE STAMP   |
|---|--|
| <h1 style="font-size: 48px; color: #ccc; margin: 0;">LABEL</h1> <p style="text-align: center; margin-top: 20px;">PLEASE NOTE:<br/>           ALL APPLICATIONS AND SITE PLANS<br/>           MUST BE COMPLETED IN BLACK OR<br/>           BLUE INK <u>ONLY</u></p> | <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p style="margin-top: 10px;">Intake by: _____</p> |

**This application cannot be submitted alone. In addition to this form, a complete package includes:**

| Applicant Use            | SUBMITTAL CHECKLIST  | Staff Use Only           |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Master Application.  | <input type="checkbox"/> |
| <input type="checkbox"/> | Washington Association of Building Officials Application and Inspection Checklist Form.  | <input type="checkbox"/> |
| <input type="checkbox"/> | Applicable processing fees. <i>Refer to current fee schedules. Depending on the adopted fee structure, additional fees may occur if base hours/fees at intake are exhausted.</i> | <input type="checkbox"/> |

Note: You must have an existing or proposed **Public Water Supply**. A maximum of 6 clients are allowed if you are on **Sewer**. If you are on a septic system the on-site sewage (septic) system must be reviewed and approved for the proposed use. A separate application (HG) and fee is required.

**PROPERTY INFORMATION:**

**WATER SUPPLY:**     Existing                       Proposed  
*\*Must be a Public Water Supply*

Single Family well     Two Party well     Group A             Group B

Name of Community Water System: \_\_\_\_\_ ID# \_\_\_\_\_

**SEWAGE DISPOSAL:**     Existing                       Proposed

Septic System     Sewer             STEP Sewer    Boston Harbor / Carlyon Beach / Grand Mound, / Tamoshan

**ACCESS:**

Existing Access     Proposed Access     Private Driveway     Shared Driveway

How many Clients?                      \_\_\_\_\_

How many Caregivers?                      \_\_\_\_\_