

SCANNED



2019100758 19-102080 XC Area:
Site: 9020 BAIRD RD NE OLYMPIA
11904130700
Sub Type: Beach Stairs

2019100758 19-102079 XK Area:
Site: 9020 BAIRD RD NE OLYMPIA
11904130700
Sub Type: Residential

2019100758 19-102077 XA Area:
Site: 9020 BAIRD RD NE OLYMPIA
11904130700
Sub Type: Administrative

2019100758 19-102076 XI Area:
Site: 9020 BAIRD RD NE OLYMPIA
11904130700
Sub Type: Multiple Critical Area Issues

Building Development 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.thurstoncountybdc.com

Creating Solutions for Our Future

APPLICATION

Project specific supplemental application.

	DATE STAMP
APPROVED	THURSTON COUNTY REGISTRY FEB 21 2018 DEVELOPMENT SERVICES
<input type="checkbox"/> NO	Intake By: <u>TK</u>

PROJECT DESCRIPTION Residential Additions at Scott Manke Residence 9020 Baird Road NE

PROPERTY INFORMATION

1. **Tax Parcel Number(s)** 11904130700 ; _____ ; _____
2. **Subdivision Name** Survey Vol. 12 page 26 of Surveys Records of Thurston County, Washington **Lot #** Lot 1
3. **Property Address** 9020 Baird Road NE **City** Olympia **Zip Code** 98516
4. **Directions to Property** (from Thurston County Courthouse)
Deschutes Pkw to 1-5 North to Sleater Kinney Rd NE to S Bay Rd NE to Johnson Point Rd NE to 78th Ave NE to Baird Rd NE

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 Ron Dickinson 360-280-0496
Property owner is responsible for providing gate code and securing animals prior to site visit. Gate access

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 Scott Manke
Mailing Address 9020 Baird Rd NE City Olympia State WA Zip Code 98158
Phone (253) 318-4628 Cell () Fax ()
EMAIL SCOTT.M@MANKELEMBER.COM
Communication from staff provided by Email? YES NO
Property Owner Signature* Scott Manke Date 2-21-19

APPLICANT

Applicant Name Scott Manke
Mailing Address 9020 Baird Rd NE City Olympia State WA Zip Code 98158
Phone (253) 318-4628 Cell () Fax ()
EMAIL _____
Communication from staff provided by Email? YES NO
Signature* Scott Manke Date 2-21-19

POINT OF CONTACT (Person receiving all County correspondence)

Name Kathy Hargrave
Mailing Address 4815 Center Street City Tacoma State WA Zip Code 98409
Phone (253) 474-9449 Cell () Fax (253) 474-0153
EMAIL kathyh@sittshill.com
Communication from staff provided by Email? YES NO
Signature* Kathy A. Hargrave Date 02/20/2019

***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.