

**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.uswww.thurstoncountybdc.com*Creating Solutions for Our Future***MASTER APPLICATION**

This application must accompany a project specific supplemental application.

STAFF USE ONLY	DATE STAMP
2021104634 21-110794 ZM Area: Site: 5300 BOULEVARD EXT RD SE OLY NOTE: 50930001100 IN BLA Sub Type: Other - Hearing Examiner	THURSTON COUNTY RECEIVED SEP 01 2021 BUILDING DEVELOPMENT CENTER
Gopher Soils <input type="checkbox"/> YES <input type="checkbox"/> NO Prairie Soils <input type="checkbox"/> YES <input type="checkbox"/> NO	Intake By: _____

PROJECT DESCRIPTION SUP for Large Garage.**PROPERTY INFORMATION**

- Tax Parcel Number(s) 50930001100 ; _____
- Subdivision Name _____ Lot # _____
- Property Address 5300 Boulevard ext rd SE City Olympia Zip Code 98501
- Directions to Property (from Thurston County Courthouse) R on Deschutes Parkway,
L on Boston St, R on Custer, R on Cleveland, Left on Boulevard ext rd

PROPERTY ACCESS

- Property Access Existing Proposed
- Access Type Private Driveway Shared Driveway Private Road Public Road
- 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

- Water Supply Existing Proposed
- Water Supply Type Single Family Two Party Well Group A Group B
WATER SYSTEM NAME city of Olympia water
- Waste Water Sewage Disposal Existing Proposed
- 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 Keith Keller
Mailing Address 5300 Boulevard ext Rd SE City Olympia State WA Zip Code 98501
Phone () _____ Cell () _____ Fax () _____
EMAIL _____
Communication from staff provided by Email? YES NO
Property Owner Signature* _____ Date _____

APPLICANT

Applicant Name Travis Brown
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 Travis Brown
Mailing Address 353 Gish Rd City ~~Olympia~~ Onalaska State WA Zip Code 98570
Phone (360) 561-8634 Cell () _____ Fax () _____
EMAIL Browns2525@gmail.com
Communication from staff provided by Email? YES NO
Signature*  Date 8-6-2021

***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.