



## Building Development Center

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[www.thurstoncountybdc.com](http://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 style="text-align: center;"><b>LABEL</b></p> <p>NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	
<p><b>Gopher Soils</b> <input type="checkbox"/> YES <input type="checkbox"/> NO      <b>Prairie Soils</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>Intake By:</b> _____</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](http://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.