

**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
NOT IN BL	2022103702 22-109565 XC Area: Site: UNKNOWN 93000100000 Sub Type: Agricultural Activity	THURSTON COUNTY RECEIVED JUL 22 2022 DEVELOPMENT SERVICES
	Gopher Soils <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Prairie Soils <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Intake By:

PROJECT DESCRIPTION Mazanti Henderson Bay Shellfish Farm**PROPERTY INFORMATION**

1. Tax Parcel Number(s) 93000100000 ; _____ ; _____
2. Subdivision Name Johnson Point Lot # Pvt. Tidelands
3. Property Address _____ City _____ Zip Code _____
4. Directions to Property (from Thurston County Courthouse)
Property is on oyster track tidelands on the NE side of Henderson Inlet, North of Olympia

PROPERTY ACCESS

5. Property Access ☐ Existing ☐ Proposed By boat ☒
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 NA

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** _____

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Master Application

Page 2 of 2

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 Kyle MazantiMailing Address PO Box 1416 City Silverthorne State CO Zip Code 80498Phone () Cell 360) 790-7913 Fax ()

EMAIL _____

Communication from staff provided by Email? ☒ YES ☐ NOProperty Owner Signature* Signed lease attached Date _____**APPLICANT**Applicant Name Taylor ShellfishMailing Address 130 SE Lynch Rd City Shelton State WA Zip Code 98584Phone (360) 426-6178 Cell () Fax ()EMAIL ErinE@TaylorShellfish.comCommunication from staff provided by Email? ☒ YES ☐ NOSignature* [Signature] Date 7/21/2022**POINT OF CONTACT** (Person receiving all County correspondence)Name Erin EwaldMailing Address 130 SE Lynch Rd City Shelton State WA Zip Code 98584Phone (360) 432-3348 Cell (253) 606-2585 Fax ()EMAIL ErinE@TaylorShellfish.comCommunication from staff provided by Email? ☒ YES ☐ NOSignature* [Signature] Date 7/21/2022***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.