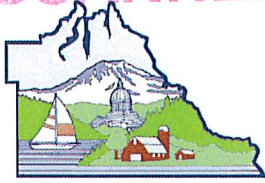


SCANNED



THURSTON COUNTY
WASHINGTON
SINCE 1852

Building Development Center
3000 Pacific Ave SE, Suite 100 Olympia, WA 98501
(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

MASTER APPLICATION

This application must accompany a project specific supplemental application.

STAFF USE ONLY	DATE STAMP
<p>NOTE: IN BLA</p> <p>2023101169 23-103158 XI Area: Site: 13401 MARKSMAN ST SW OLYMPIA 13609120100 Sub Type: Multiple Critical Area Issues</p>	<p>THURSTON COUNTY RECEIVED</p> <p>MAR 21 2023</p> <p>BUILDING DEVELOPMENT CENTER</p>
<p>Gopher Soils <input type="checkbox"/> YES <input type="checkbox"/> NO Prairie Soils <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Intake By: <u>[Signature]</u></p>

PROJECT DESCRIPTION reasonable use exception

PROPERTY INFORMATION

- Tax Parcel Number(s) 13609120100 ; _____ ; _____
- Subdivision Name _____ Lot # _____
- Property Address 13401 Marksman St. City Olympia Zip Code 98512
- Directions to Property (from Thurston County Courthouse)
Turn right onto Bordeaux Rd SW; turn right onto Marksman

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 _____
- 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

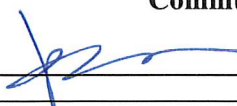
PROPERTY OWNER (additional property owner sheet can be obtained online at www.thurstoncountybdc.com)

Property Owner Name	NW Green Construction Inc.			
Mailing Address	261 N Hamilton Rd	City	Chehalis	
		State	WA	
		Zip Code	98532	
Phone	(360) 740-0345	Cell	()	
		Fax	()	
EMAIL	rebecca@nwgreenhomes.net			
Communication from staff provided by Email? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Property Owner Signature*			Date	3.20.2023

APPLICANT

Applicant Name	same as above			
Mailing Address		City		
		State		
		Zip Code		
Phone	()	Cell	()	
		Fax	()	
EMAIL				
Communication from staff provided by Email? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Signature*			Date	3.20.2023

POINT OF CONTACT (Person receiving all County correspondence)

Name	Rebecca Meister (NW Green)			
Mailing Address	same as above	City		
		State		
		Zip Code		
Phone	()	Cell	()	
		Fax	()	
EMAIL				
Communication from staff provided by Email? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Signature*			Date	3.20.2023

*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.