SCANNED

THURSTON COUNTY
WASHINGTON
SINCE 1852

Building Development Center
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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
LABEL NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLACK OR BLUE INK ONLY	RECEIVED OCT 09 2023
Gopher Soils ☐ YES ☐ NO **Prairie Soils** ☐ YES ☐ NO	**Intake By:** _____

PROJECT DESCRIPTION Natural area preserve for public use focusing on youth education

PROPERTY INFORMATION

1. **Tax Parcel Number(s)** 11929110500, 11928220800 ; 11928230100, 11929140000 ; 11928230200, more listed below
2. **Subdivision Name** N/A **Lot #** N/A
3. **Property Address** 4849 Johnson Point Rd NE **City** Olympia **Zip Code** 98516
4. **Directions to Property** (from Thurston County Courthouse)
   11929440200, 11928320500 & 11928320000. Take US 101 south to I-5 north. Take Sleater Kinney Rd North exit, go north to intersection w/ South Bay Rd, go right on S. Bay Rd (becomes Johnson Pt Rd) for 1.4 miles, property on left.

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 Note: this project is not proposing a well or septic.
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 Capitol Land Trust, Attn: Laurence Reeves, Conservation Director

Mailing Address PO Box 14065 City Tumwater State WA Zip Code 98511

Phone (360) 943-3012 x3 Cell (____) ____ Fax (____) ____

EMAIL Laurence@capitollandtrust.org

Communication from staff provided by Email? ☑ **YES** ☐ **NO**

Property Owner Signature* Laurence A. Reeves **Date** 10/3/2023

APPLICANT

Applicant Name Same as above

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 Same as above

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.