



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
NO IN	2023104664 23-112423 XI Area: Site: 654 SANDRA LEE CT SE OLYMPIA 65120000400 Sub Type: Multiple Critical Area Issues	
	Gopher Soils <input type="checkbox"/> YES <input type="checkbox"/> NO Prairie Soils <input type="checkbox"/> YES <input type="checkbox"/> NO	Intake By:

PROJECT DESCRIPTION Reasonable Use Exception for Single Family Residence Addition

PROPERTY INFORMATION

- Tax Parcel Number(s)** 65120000400 ; _____ ; _____
- Subdivision Name** Nisqually Heights **Lot #** 4
- Property Address** 654 Sandra Lee Ct SE **City** Olympia **Zip Code** 98513
- Directions to Property** (from Thurston County Courthouse)
I5 North from Pacific Ave SE. Take exit 111. Right on Marvin Rd NE. Left on Steilacoom Rd NE. Left on Sandra Lee St SE. Right on Sandra Lee Ct SE.

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 Lacey
- 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 John and Kim Britcher

Mailing Address 654 Sandra Lee Ct SE City Olympia State WA Zip Code 98513

Phone (360) 888-4473 Cell () Fax ()

EMAIL kimbdocb@gmail.com

Communication from staff provided by Email? ☒ YES ☐ NO

Property Owner Signature* _____ Date _____

APPLICANT

Applicant Name High-Tech Building & Design

Mailing Address 625 Acorn Ct SE City Olympia State WA Zip Code 98503

Phone (360) 545-3370 Cell () Fax ()

EMAIL chad@hightechbuilding.net

Communication from staff provided by Email? ☒ YES ☐ NO

Signature*  Date 10-3-2023

POINT OF CONTACT (Person receiving all County correspondence)

Name High-Tech Building & Design

Mailing Address 625 Acorn Ct SE City Olympia State WA Zip Code 98503

Phone (360) 545-3370 Cell () Fax ()

EMAIL chad@hightechbuilding.net

Communication from staff provided by Email? ☐ YES ☐ NO

Signature*  Date 10-3-2023

*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.