



Building Development Center

2000 Lakeridge Dr. SW, Olympia, WA 98502

(360)786-5490 / (360)754-2939 (Fax)

TDD Line (360) 754-2933

Addressing Email: tcaddressing@co.thurston.wa.us

www.thurstoncountybdc.com

Creating Solutions for Our Future

ADDRESSING REQUEST FORM

(Please Use for Address Requests not Associated with a Permit)

	DATE STAMP
	Intake By: _____

PROPERTY INFORMATION

1. Tax Parcel Number(s) _____ ; _____ ; _____

2. Subdivision Name (If known) _____ Lot # _____

3. Current Property Address (If Applicable) _____

4. City _____ Zip Code _____

5. Reason for address request: (Please attach additional pages if needed)

PROPERTY ACCESS LOCATION

6. Property Access Existing Proposed

7. Which street or road will be used to access the property?

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Address Request Form

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

Property Owner Name _____
Mailing Address _____ City _____ State _____ Zip Code _____
Phone (____) _____ Cell (____) _____ Fax (____) _____
EMAIL _____
Communication from staff provided by Email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Property Owner Signature* _____ Date _____

ADDRESS REQUESTOR (If different from property owner)

Applicant Name _____
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 _____

POINT OF CONTACT (If different from property owner)

Name _____
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 _____

***DISCLAIMER**

A request is hereby made for a new or changed address. I certify that I am familiar with the information contained in the address request 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 request 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.