



.

## Building Development Center

2000 Lakeridge Dr. SW, Olympia, WA 98502 (360)786-5490 / (360)754-2939 (Fax) TDD Line (360) 754-2933 Email: <u>permit@co.thurston.wa.us</u> <u>www.thurstoncountybdc.com</u> Creating Solutions for Our Future

## **MASTER APPLICATION**

This application must accompany a project specific supplemental application.

STAFF USE ONLY	DATE STAMP				
2022101893 22-105051 XI Area: Site: 2725 137TH LN SW TENINO	THURSTON COUNTY RECEIVED				
12609130100 Sub Type: Wetland	APR 2 6 2022				
	- SULLING DEVELOPMENT CENTER				
Gopher Soils II YES II NO Prairie Soils II YES II NO	Intake By.				
PROJECT DESCRIPTION $\mathcal{R} \mathcal{VE}$					
PROPERTY INFORMATION					
1. Tax Parcel Number(s) 12609130100 ;;					
2. Subdivision Name	Lot #				
3.Property Address 2725 137TH LN SW City TENINO Zip Code 98589					
4. Directions to Property (from Thurston County Courthouse) SOUTH ON REEDER ROAD, EAST ON 137TH TO END ON RIGHT.	· ·				
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)	codes written on this form are public				
WATER/SEPTIC					
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	<u>_</u>				
11. Sewage Disposal System Type 🖌 Individual Septic System 🗌 Com	munity System Sewer				
NAME OF PUBLIC SYSTEM					

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: Downer Department Department Department Department Department Department Department Department 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: Department Depart

PROPERTY OWNER (additi	onal property owner shee	et can be obtained online	at <u>www.thurstoncountybd</u>	c.com)
Property Owner Name STE	VEN PRYOR			
Mailing Address 2725 137	TH LN SW	City TENINC	DState_WA	Zip Code 98589
Phone <u>860 669-6836</u>	Cell (	)	Fax ()	
EMAIL PRYORit	YCONST C	6-mail.Co	M	
c c	ommunication from s	staff provided by Ema	ail? 🗹 YES 🗌 NO	
Property Owner Signature*	Stuff	7 2	Date	
<u> </u>	· //			
APPLICANT Applicant Name SAME				
Mailing Address				_Zip Code
Phone ()	Cell (	)	Fax ()	
EMAIL				
х <b>С</b>	ommunication from s	taff provided by Ema	ul? 🗹 YES 🗌 NO	
Signature*			Date	
POINT OF CONTACT (Pers	on receiving all County of	orranondanae)		
Name Storm T	EVAR		· · · ·	· · · · · · · · · · · · · · · · · · ·
Mailing Address 90	7 5-th Avel	E City EPh	ata State W9	Zin Code 988
Phone ( 360, 669, 682	<b>36</b> Cell (		Fax ( )	
Name <u>Steve</u> Mailing Address <u>90</u> Phone <del>360</del> , 669 68 EMAIL JF <i>PRYOR</i> 1-	Y CONSTE	GMARIL . CO		
	ommunication from's			
Signature*			Dat	= -

## \*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.

Revised 03.11.19