



## **Building Development Center**

2000 Lakeridge Dr. SW, Olympia, WA 98502 (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

2019103224 19-108472 XL Area: Site: 5725 SUNRISE BEACH RD NW OLY

13936340700

Sub Type: Boat House

2019103224 19-108060 XK Area: Site: 5725 SUNRISE BEACH RD NW OLY

NO1 13936340700 IN B Sub Type: Per

Gopher Soils ☐ YES

Sub Type: Retaining Wall

**M**NO

CATION cific supplemental application.

THURSTON COUNTY
RECEIVED

JUN 28 2019

Intake BEVELOPMENT SERVICES M

PROJECT DESCRIPTION Boat House and upland Retaining Wall Maintenance & Repair

Prairie Soils ☐ YES ☑ NO

PROPERTY INFORMATION				
1. Tax Parcel Number(s) 13936340700	;	;;		
2. Subdivision Name MA SUMRISE BEACH		Lot #		
3. Property Address 5725 SUNRISE BEACH	RO NW City	OLYMPIA	Zip Code_ <i>985</i>	02
4. Directions to Property (from Thurston County Court Evergreen Park Dr Sw to Cooper Pt Rd. to Steambout island. Steambout Island Relt	thouse) (eftho High	waylol to se	xton Drive NW	
to steambout island. Steambout Island Relt	io Survise Bead	- Road; righton	Taglane NW to	Site
PROPERTY ACCESS				

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) In No In 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
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

Fullding Development Center
Master Application
Page 2 of 2

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: Downer DApplicant D Point of Contact			
PROPERTY OWNER (additional property owner sheet can be obtained online at www.thurstoncountybdc.com)			
Property Owner Name Eric Meloni			
Mailing Address 5725 SUNRISE BEACHED City OLYMPIA State WA Zip Code 98502			
Phone (360) 870268   Cell( ) Fax( )			
EMAIL elamboudymail. com			
Communication from staff provided by Email? TYES INO			
Property Owner Signature* Date 6/25/19			
APPLICANT			
Applicant Name Ecic Veloni			
Mailing Address 5725 Sunrise Black Runel City State Zip Code			
Phone (360) 870 748   Cell ( ) Fax ( )			
EMAIL Clambova gnail com			
Communication from staff provided by Email? VES INO			
Signature*			
POINT OF CONTACT (Person receiving all County correspondence)			
Name LAKKY DOMINGUEZ			
Mailing Address 612 Woodland Sq Loop SF Sink to Lacey State WA Zip Code 98503			
Phone (360) 292-4695 Cell (360) 915-4194 Fax ()			
EMAIL Carry, Dominguez Dkpff.com			
Communication from staff provided by Email? DYES DNO			
Signature Jan Commy Date 6/25/2019			

\*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.