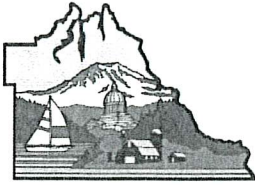


SCANNED

Attachment C



THURSTON COUNTY
WASHINGTON
SINCE 1852

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

MASTER APPLICATION

This application must accompany a project specific supplemental application.

STAFF USE ONLY	DATE STAMP
2022103527 22-109077 ZJ Area: Site: UNKNOWN NOT 09090009000 IN B Sub Type: Tumwater UGA	THURSTON COUNTY RECEIVED JUL 13 2022 BUILDING DEVELOPMENT CENTER
Gopher Soils <input type="checkbox"/> YES <input type="checkbox"/> NO Prairie Soils <input type="checkbox"/> YES <input type="checkbox"/> NO	Intake By: _____

PROJECT DESCRIPTION Subdivision of 16.28 acres into 82 single family lots with utilities, roads, and stormwater facilities.

PROPERTY INFORMATION

1. Tax Parcel Number(s) 09090009000 ; _____ ; _____
2. Subdivision Name Sienna Phase 1 Lot # _____
3. Property Address 7731 Littlerock Road City Tumwater Zip Code 98512
4. Directions to Property (from nearest major road)
I-5 to Tumwater Blvd. exit. Turn west onto Tumwater Blvd. Turn south onto Littlerock Rd. Travel south to 7731 Littlerock Rd.

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 _____
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 City of Tumwater
10. Waste Water Sewage Disposal ☒ Existing ☐ Proposed
11. Sewage Disposal System Type ☐ Individual Septic System ☐ Community System ☒ Sewer
NAME OF PUBLIC SYSTEM City of Tumwater

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 Baker Ave, LLCMailing Address 410 Market Street City Kirkland State WA Zip Code 98033Phone (425) 827 8490 Cell () Fax ()EMAIL JRI@JamesRIhnot.comCommunication from staff provided by Email? ☒ YES ☐ NOProperty Owner Signature* James R IhnotDate 6/30/2022 | 12:53 PM PDT**APPLICANT**Applicant Name AMH DevelopmentMailing Address 6811 South 204th Street, Suite 270 City Kent State WA Zip Code 98032Phone () Cell () Fax ()EMAIL kdoss@ah4r.com

DocuSigned by:

Communication from staff provided by Email? ☒ YES ☐ NOSignature* Kerry DossDate 6/30/2022 | 12:55 PM PDT**POINT OF CONTACT** (Person receiving all County correspondence)Name Tyrell Bradely, P.E. LDC, IncMailing Address 1411 State Avenue NE, Suite 200 City Olympia State WA Zip Code 98506Phone () Cell (360) 878 0678 Fax ()EMAIL tbradley@ldccorp.comCommunication from staff provided by Email? ☒ YES ☐ NOSignature* Tyrell E. BradelyDate 6/30/2022***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.