



\$4810⁰⁰

Building Development Center
 2000 Lakeridge Dr. SW, Olympia, WA 98502
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 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
2022106177 22-116564 XI Area: Site: 7125 LIBBY RD NE OLYMPIA 12913140200 Sub Type: Multiple Critical Area Issues	THURSTON COUNTY RECEIVED DEC 22 2022 DEVELOPMENT SERVICES
Gopher Soils <input type="checkbox"/> YES <input type="checkbox"/> NO Prairie Soils <input type="checkbox"/> YES <input type="checkbox"/> NO	Intake By: <u>[Signature]</u>

PROJECT DESCRIPTION Install driveway, and clear area of brush

PROPERTY INFORMATION

1. Tax Parcel Number(s) 12913140200 ; _____ ; _____

2. Subdivision Name _____ Lot # _____

3. Property Address 7125 Libby Road NE City Olympia Zip Code 98506

4. Directions to Property (from Thurston County Courthouse)
 Continue to Lakeridge Dr SW, Take Deschutes Pkwy SW, East Bay Drive Northeast, Boston Harbor Rd NE and Woodard Bay Rd NE to Libby Rd NE (Go 9.0 miles), Merge onto Libby Rd NE, Parcel will be on the left.

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 Locked gate
 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 _____

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 Trevor IrishMailing Address 4402 Henderson Blvd SE Unit 101 City Olympia State WA Zip Code 98501Phone () Cell (206) 550-3490 Fax ()EMAIL trevorirish@comcast.netCommunication from staff provided by Email? ☒ YES ☐ NOProperty Owner Signature*  Date 12/19/22
Trevor J. Irish (Dec 19, 2022 17:41 PST)**APPLICANT**Applicant Name Trevor IrishMailing Address 4402 Henderson Blvd SE 101 City Olympia State WA Zip Code 98501Phone () Cell (206) 550-3490 Fax ()EMAIL trevorirish@comcast.netCommunication from staff provided by Email? ☒ YES ☐ NOSignature*  Date 12/19/22
Trevor J. Irish (Dec 19, 2022 17:41 PST)**POINT OF CONTACT** (Person receiving all County correspondence)Name Alex CallenderMailing Address 120 State Avenue NE City Olympia State WA Zip Code 98501Phone () Cell (360) 481-4208 Fax ()

EMAIL _____

Communication from staff provided by Email? ☒ YES ☐ NOSignature* Alex Callender Date 12/19/22
Digitally signed by Alex Callender
Date: 2022.12.19 17:21:28 -08'00'***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.