

**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.uswww.thurstoncountybdc.com*Creating Solutions for Our Future***MASTER APPLICATION****This application must accompany a project specific supplemental application.**

STAFF USE ONLY	DATE STAMP
<p>NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	
<p>Gopher Soils <input type="checkbox"/> YES <input type="checkbox"/> NO Prairie Soils <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	Intake By: _____

PROJECT DESCRIPTION Subdivide 36.22 acres into 182 lots**PROPERTY INFORMATION**

1. Tax Parcel Number(s) 11823430100 ; 11826110000 ; 11826110300
2. Subdivision Name The Enclave at Oak Tree Lot # _____
3. Property Address 2402 MARVIN RD SE City Lacey Zip Code 98513
4. Directions to Property (from Thurston County Courthouse)
Take I-5 N, Exit 111 and Marvin Rd SE to site at 2402 Marvin Rd SE.

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

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 MCALLISTER SPRINGS LLC
Mailing Address 50 LASCASCADAS RD, City Orinda State CA Zip Code 94563
Phone (415) 595-6674 Cell () Fax ()
EMAIL minkim@gmail.com
Communication from staff provided by Email? ☒ YES ☐ NO
Property Owner Signature* [Signature] Date 9/16/2022

APPLICANT

Applicant Name SSHI, LLC dba D.R. Horton
Mailing Address 11241 Slater Avenue NE, Suite 200 City Kirkland State WA Zip Code 98033
Phone (425) 825-3180 Cell () Fax ()
EMAIL jbeem@drhorton.com
Communication from staff provided by Email? ☒ YES ☐ NO
Signature* [Signature] Date 9/19/22

POINT OF CONTACT (Person receiving all County correspondence)

Name Hatton Godat Pantier (Jeff Pantier, PLS)
Mailing Address 3910 Martin Way E, Ste B City Olympia State WA Zip Code 98506
Phone (360) 943-1599 Cell () Fax (360) 357-6299
EMAIL jeffp@hattonpantier.com
Communication from staff provided by Email? ☒ YES ☐ NO
Signature* [Signature] Date 9/14/2022

*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.