




Thurston County Permit Assistance 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.co.thurston.wa.us/permitting

Creating Solutions for Our Future

MASTER APPLICATION

STAFF USE ONLY	DATE STAMP
 <p style="text-align: center;">2014108800</p> <p>14 129647 XC Site Address: 930 76TH AVE NE OLYMPIA WA 98506 Parcel #: 12911440102</p>	<p style="text-align: center;">THURSTON COUNTY RECEIVED</p> <p style="text-align: center;">DEC 18 2014</p> <p style="text-align: center;">DEVELOPMENT SERVICES</p> <p>Intake by: <u><i>SN</i></u></p>

The Master Application is required for all projects and shall accompany a project-specific supplemental application(s). The Master Application may not be submitted alone.

Property Tax Parcel Number(s):	_____
	12911440102
Subdivision Name (if applicable):	_____ Lot #: _____
Property Address:	930 76th Avenue NW, City: Olympia State: wa Zip Code: 98506
Directions to the Property:	
From I-5, Take Exit 105B and go straight onto Plum St., East Bay, Boston Harbor Rd., Turn right onto Zangle Rd. Turn left onto 76th Ave NE, Turn right onto alley.	
Property Access Issues (locked gate, code required, dogs or other animals):	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>Contact owner prior to site visit.</i>
If yes, Describe:	No beach access from uplands
OWNER IS RESPONSIBLE FOR SECURING ANIMALS BEFORE SITE VISIT.	

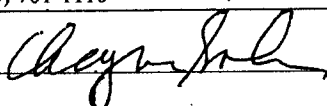
Access through neighbor property.

DESCRIPTION OF PROJECT PROPOSAL

1.1 Acre Commercial Geoduck Farm on Private tidelands

*RR 1/5-
1165 acres*

Type or Print: *Additional property owner sheet can be obtained online at www.co.thurston.wa.us/permitting or copy obtained from the Permit Assistant Center.*

Property Owner(s): Sohn, ChangMook			
Mailing Address: 930 76th Ave NE			
City:	Olympia,	State:	WA Zip Code: 98506
Phone #:	(360) 357-6800	Ext.:	Fax #:
Cell #:	(360) 701-1110	E-mail:	changmooksohn@gmail.com
Signature:*		Date:	12/18/14
Applicant (if different than owner):			
Mailing Address:			
City:		State:	Zip Code:
Phone #:		Ext.:	Fax #:
Cell #:		E-mail:	
Signature:*		Date:	
Point of Contact: SAME AS OWNER			
Mailing Address:			
City:		State:	Zip Code:
Phone #:		Ext.:	Fax #:
Cell #:		E-mail:	
Signature:*		Date:	

BILLING INVOICES

The base application fee charged at the time of application covers base hours listed on the fee schedule. When the base hours by a Department are used, a monthly billing invoice will be generated for additional hours 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

*Application is hereby made for a permit or permits to authorize the activities described herein. I certify that I am familiar with the information contained in the application 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.