



**CITY OF TUMWATER**  
 555 ISRAEL RD. SW, TUMWATER, WA 98501  
 (360) 754-4180 (360) 754-4126 (FAX)  
 Email: cdd@ci.tumwater.wa.us

**Preliminary Site Plan Review  
 APPLICATION**

TUM -	DATE STAMP
RCVD BY	

Application fee: \$330.00 (one acre or less); \$440.00 (greater than one acre); Resubmittal application fee: \$165.00 (one acre or less); \$275.00 (greater than one acre). Please inquire if credit from the Feasibility Site Plan Review application fee applies.  
 In most cases, meetings will be scheduled on Thursdays of the following week, when applications are received prior to 5:00 p.m. on Wednesdays.

***SUBJECT PROPERTY***

ADDRESS OF PROPERTY (COMPLETE): \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ PARCEL NUMBER(S): \_\_\_\_\_

***APPLICANT*** (please print neatly)

NAME OF APPLICANT: \_\_\_\_\_

APPLICANT'S MAILING ADDRESS (COMPLETE): \_\_\_\_\_

APPLICANT'S TELEPHONE(S): \_\_\_\_\_ APPLICANT'S E-MAIL: \_\_\_\_\_

***PROJECT REPRESENTATIVE***

NAME OF PROJECT REPRESENTATIVE: \_\_\_\_\_

REPRESENTATIVE'S MAILING ADDRESS (COMPLETE): \_\_\_\_\_

REPRESENTATIVE'S TELEPHONE(S): \_\_\_\_\_ REPRESENTATIVE'S E-MAIL: \_\_\_\_\_

***PROPERTY OWNER***

NAME OF PROPERTY OWNER: \_\_\_\_\_

OWNER'S MAILING ADDRESS (COMPLETE): \_\_\_\_\_

OWNER'S TELEPHONE(S): \_\_\_\_\_ OWNER'S E-MAIL: \_\_\_\_\_

***PROJECT DESCRIPTION*** (attach additional sheets and documentation, as needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am duly authorized by the owner to act with respect to this application. Further, I grant permission to any and all employees and representatives of the City of Tumwater and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I agree to pay all fees of the City that apply to this application.

\_\_\_\_\_  
 Signature of Applicant/Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Port of Olympia representative (if applicable)

\_\_\_\_\_  
 Date

Please attach the **Preliminary Site Plan Review submittal checklist** to this Application.