

DEVELOPMENT REVIEW COMMITTEE AGENDA THURSDAY – FEBRUARY 22, 2024 VIA ZOOM CONFERENCING

APPLICANTS AND/OR THEIR REPRESENTATIVES ARE REQUIRED TO ATTEND THE DRC MEETING.
* IF YOU ARE UNABLE TO ATTEND, PLEASE NOTIFY US BY PHONING * 360-754-4180

PERMIT #: TUM-24-0089
PROJECT TITLE: Wood Apartments

REVIEW STATUS: FEASIBILITY REVIEW

APPLICANT(S): Taylor Wood REPRESENTATIVE(S): Taylor Wood

OWNER(S): Zech-Owens Revocable Trust LOCATION: 7321 Henderson Blvd SE

PARCEL(S): 12711110205

REQUEST: Development of parcel for multifamily housing

TIME: 9:00 a.m. - 10:30 a.m.

PERMIT #: TUM-24-0202

PROJECT TITLE: Velkommen MHP Expansion REVIEW STATUS: FEASIBILITY REVIEW APPLICANT(S): Tumwater 70th Ave LLC REPRESENTATIVE(S): Ross Jarvis, LDC, Inc. OWNER(S): Tumwater 70th Ave LLC

LOCATION: 2535 70th Ave SW PARCEL(S): 31560000100

REQUEST: Sewer extension to connect new and existing units,

addition of fire main & hydrants and addition of 10

new manufactured home pads

TIME: 10:30 a.m. - 12:00 p.m.



CITY OF TUMWATER

555 ISRAEL RD. SW, TUMWATER, WA 98501

(360) 754-4180

Email:cdd@ci.tumwater.wa.us

FEASIBILITY SITE PLAN REVIEW Application

TUM - 24-

0089

Date

Kelly

RCVD BY

DATE STAMP

01/16/2024

PROJECT NAME: Wood Apartments	PARCEL NUMBER (S): 12711110205
	PARCELNUMBER(S):
APPLICANT (please print neatly)	
NAME OF APPLICANT: Taylor Wood	
APPLICANT'S MAILING ADDRESS (COMPLETE): 2105 18th Ave SE	Olympia, WA
APPLICANT'S TELEPHONE(S) (360) 878-7615	APPLICANTS E-MAIL. taylormwood42@gmail.com
PROJECT REPRESENTATIVE	
NAME OF PROJECT REPRESENTATIVE: Taylor Wood	
	SE Olympia, WA 98501
REPRESENTATIVE'S TELEPHONE(S): (360) 878-7615	REPRESENTATIVES E-MAIL: taylormwood42@gmail.com
PROPERTY OWNER	
NAME OF PROPERTY OWNER: ZECH-OWENS REVOCAL	BLE TRUST
	DR Indian Wells, CA 92210
DWNERS MAILING ADDRESS (COMPLETE):	
	OWNER'S E-MAIL:
OWNER'S TELEPHONE(S):	umentation, as needed)
owners TELEPHONE(S): PROJECT DESCRIPTION (attach additional sheets and doc Currently this is raw land that I am in the process of buying - My	umentation, as needed)
owner's TELEPHONE(S): PROJECT DESCRIPTION (attach additional sheets and doc Currently this is raw land that I am in the process of buying - My This project would consist of 2 bed/1 bath units ideally, with	umentation, as needed) plan is to develop multifamily units with an attractive aesthetic
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owners Telephone(s): PROJECT DESCRIPTION (attach additional sheets and doc Currently this is raw land that I am in the process of buying - My This project would consist of 2 bed/1 bath units ideally, with	umentation, as needed) plan is to develop multifamily units with an attractive aesthetic th a focus on attainable rental rates and local management.
PROJECT DESCRIPTION (attach additional sheets and doc Currently this is raw land that I am in the process of buying - My This project would consist of 2 bed/1 bath units ideally, with Based on the MFM zoning, we are allowed a maximum of 15 units I affirm that all answers, statements, and information the best of my knowledge. I also affirm that I am the owner to act with respect to this application. Fur representatives of the City of Tumwater and other governments.	umentation, as needed) plan is to develop multifamily units with an attractive aesthetic th a focus on attainable rental rates and local management.

Signature of Applicant/Representative



CITY OF TUMWATER

555 ISRAEL RD. SW, TUMWATER, WA 98501

Application fee: \$80.00 (one acre or less); \$137.50 (greater than one acre)
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.

(360) 754-4180

Email: cdd@ci.tumwater.wa.us

FEASIBILITY SITE PLAN REVIEW Application

TUM - 24-

0202

Kelly

Date

RCVD BY

DATE STAMP

02-02-2024

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 docum	entation, as needed)
the best of my knowledge. I also affirm that I am the owner to act with respect to this application. Furth	submitted with this application are correct and accurate to a owner of the subject site or am duly authorized by the ter, I grant permission to any and all employees and rnmental agencies to enter upon and inspect said property be to pay all fees of the City that apply to this application.

Signature of Applicant/Representative

