

#### DEVELOPMENT REVIEW COMMITTEE AGENDA THURSDAY – FEBRUARY 29, 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-24-0211 PROJECT TITLE: Tumwater RTF

REVIEW STATUS: FEASIBILITY REVIEW

APPLICANT(S): Emerald City Behavioral Health

REPRESENTATIVE(S): Claudia Johnson

OWNER(S): Winters Investment Limited Partnership

LOCATION: 1625 Mottman Rd SW

PARCEL(S): 73404601200

REQUEST: Remodel building into one-story, 16 bed residential

treatment facility

TIME: 9:00 a.m. – 10:30 a.m.

PERMIT #: TUM-24-0203 PROJECT TITLE: Holbrooks SFR

REVIEW STATUS: FEASIBILITY REVIEW

APPLICANT(S): Jim Holbrooks
REPRESENTATIVE(S): Jim Holbrooks
OWNER(S): Shirley Jose

LOCATION: 260 Roberts Rd SE PARCEL(S): 09470030000

REQUEST: Construction of a single-family home and detached

garage

TIME: 10:30 a.m. – 12:00 p.m.

PERMIT #: TUM-23-0872

PROJECT TITLE: Littlerock Townhouse Village

REVIEW STATUS: FORMAL REVIEW

APPLICANT(S): Glenn Wells REPRESENTATIVE(S): Glenn Wells

OWNER(S): Fourth Street Housing LLC LOCATION: 7223 Littlerock Rd SW

PARCEL(S): 12704430901

REQUEST: Proposed Development of 55 townhouse units

TIME: 1:30 p.m. - 3:00 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-

DATE STAMP

0211

Kelly

RCVD BY

02/05/2024

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 v	week, when applications are received prior to 5:00 p.m. on Wednesdays.
SUBJECT PROPERTY	
ADDRESS OF PROPERTY (COMPLETE): 1625 Mottman Rd SW,	Tumwater, WA
Tumwater RTF	73404601200
PROJECT NAME:	PARCEL NUMBER(S):
APPLICANT (please print neatly)	
NAME OF APPLICANT: Emerald City Behavioral Health	
APPLICANT'S MAILING ADDRESS (COMPLETE): 3713 Pacific Ave, T	acoma, WA
APPLICANT'S TELEPHONE(S): 253 301-3865	APPLICANT'S E-MAIL: xandra@emeraldcity.health
PROJECT REPRESENTATIVE	
NAME OF PROJECT REPRESENTATIVE: Claudia Johnson	
	Lakewood, WA 98496
REPRESENTATIVE'S TELEPHONE(S): 503 515-5046	REPRESENTATIVE'S E-MAIL: xandra@emeraldcity.health
PROPERTY OWNER	
Winters Investment Limited Pa	artnership
OWNER'S MAILING ADDRESS (COMPLETE): PO Box 2214, Tacoma V	VA 98401
OWNER'S TELEPHONE(S):	OWNER'S E-MAIL:
PROJECT DESCRIPTION (attach additional sheets and docum	nentation, as needed)
Remodel current building into one story 16 bed Re	
I affirm that all answers statements and information of	submitted with this application are correct and accurate to
the best of my knowledge. I also affirm that I am the	e owner of the subject site or am duly authorized by the
owner to act with respect to this application. Furth	her, I grant permission to any and all employees and
representatives of the City of Tumwater and other gove	ernmental agencies to enter upon and inspect said property
as reasonably necessary to process this application. I agre	se to pay an rees of the Oity that apply to this application.
Morlos kuns	2/3/24
Signature of Applicant/Representative	Date



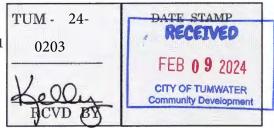
#### CITY OF TUMWATER

555 ISRAEL RD. SW, TUMWATER, WA 98501

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## FEASIBILITY SITE PLAN REVIEW Application



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. SUBJECT PROPERTY 260 Roberts Rd SE Tumwater Wa 98501 PROJECT NAME: Holbrooks 09470030000 APPLICANT (please print neatly) NAME OF APPLICANT: Jim Holbrooks 1905 Golden Maples Ct NW Olympia, wa 98502 APPLICANT'S MAILING ADDRESS (COMPLETE): APPLICANT'S TELEPHONE(S): 360-561-8625 jim@holbrookselectric.com PROJECT REPRESENTATIVE Same as Applicant NAME OF PROJECT REPRESENTATIVE REPRESENTATIVE'S MAILING ADDRESS (COMPLETE): REPRESENTATIVE'S TELEPHONE(S): REPRESENTATIVE'S E-MAIL: PROPERTY OWNER Same as Applicant OWNER'S MAILING ADDRESS (COMPLETE): \_ OWNER'S TELEPHONE(S): OWNER'S E-MAIL: PROJECT DESCRIPTION (attach additional sheets and documentation, as needed) Build a single family residence and detached garage

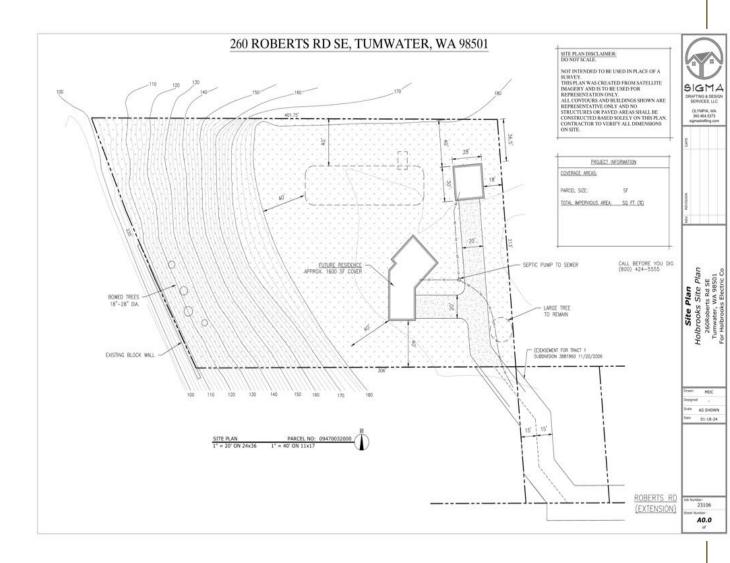
I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am duly authorized by the owner to act with respect to this application. Further, I grant permission to 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

2-9-2024

Date

Figure 2, Site Plan



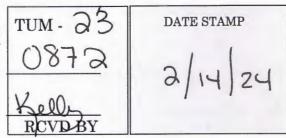


### CITY OF TUMWATER

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## FORMAL SITE PLAN REVIEW Application



Application fee: \$220.00 (one acre or less); \$385.00 (greater than one acre) Resubmittal application fee: \$80.00 (one acre or less); \$220.00 (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. SUBJECT PROPERTY 7223 Littlerock Rd Littlerock Rowhouses 12704430901, 0902, 0903, 0904 APPLICANT (please print neatly) Fourth Street Housing, LLC PO Box 159 Arlington WA 98223 APPLICANT'S MAILING ADDRESS (COMPLETE): applicant's E-MAIL: glennwellsarchitect@gmail.com APPLICANT'S TELEPHONE(S): 360-239-5971 PROJECT REPRESENTATIVE NAME OF PROJECT REPRESENTATIVE: Glenn Wells REPRESENTATIVE'S MAILING ADDRESS (COMPLETE): 324 West Bay Dr. Ste 214 Olympia WA 98502 REPRESENTATIVE'S E-MAIL: glennwellsarchitect@gmail.com REPRESENTATIVE'S TELEPHONE(S): 360-239-5971 PROPERTY OWNER NAME OF PROPERTY OWNER: Fourth Street Housing, LLC OWNER'S MAILING ADDRESS (COMPLETE): Same as applicant OWNER'S TELEPHONE(S): PROJECT DESCRIPTION (attach additional sheets and documentation, as needed) New 55 rowhouse project with garages, courtyards, visitor parking and project amenities 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

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

Signature of Port of Olympia representative (if applicable)