

DEVELOPMENT REVIEW COMMITTEE AGENDA THURSDAY – MARCH 7, 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-22-0991

PROJECT TITLE: Vista Views at Black Lake

REVIEW STATUS: FEASIBILITY REVIEW RESBUMITTAL

APPLICANT(S): Rob Rice Homes

REPRESENTATIVE(S): Hatton Godat Pantier OWNER(S): Bodenhamer Trustees LOCATION: 3717 49th Ave. SE

PARCEL(S): 12832310700 & 12832310800

REQUEST: Subdivide 55 acres into 184 single-family lots.

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

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: 10:30 a.m. – 12:00 p.m.

PERMIT #: TUM-22-0213

PROJECT TITLE: Velkommen Apartments REVIEW STATUS: FORMAL REVIEW

APPLICANT(S): 7125 Little Rock Tumwater, LLC

REPRESENTATIVE(S): Wade Stine

OWNER(S): Greg Piantanida

LOCATION: 7125 Littlerock Road SW

PARCEL(S): 12704430500

REQUEST: Construct a 16-unit 5-story apartment complex

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



Updated 2/3/2014

CITY OF TUMWATER

555 ISRAEL RD. SW, TUMWATER, WA 98501

(360) 754-4180 (360) 754-4126 (FAX)

Email:cdd@ci.tumwater.wa.us

FEASIBILITY SITE PLAN REVIEW Application

TUM -

22 - 0991

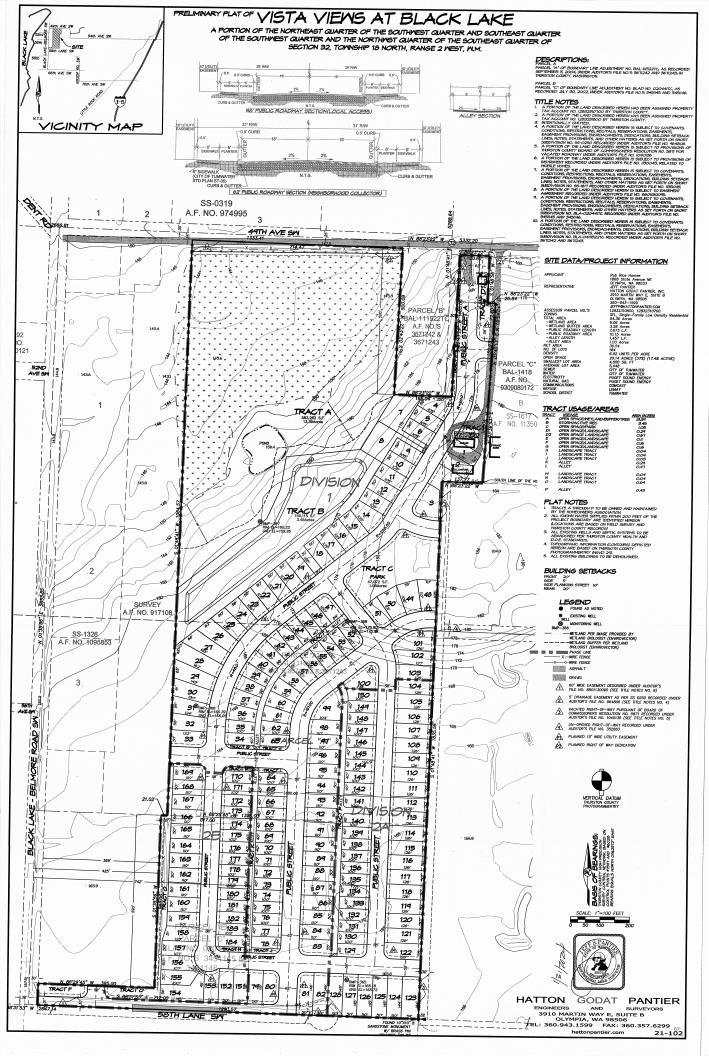
TRM

RCVD BY

DATE STAMP

02/02/2024

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 week	, when applications are received prior to 5:00 p.m. on Wednesdays.
SUBJECT PROPERTY	
ADDRESS OF PROPERTY (COMPLETE): 3717 49TH AVE SW & 382	25 58TH LN SW
PROJECT NAME: Vista Views at Black Lake	PARCEL NUMBER(S): 12832310700, 12832310800
APPLICANT (please print neatly)	
NAME OF APPLICANT: Rob Rice Homes (Rob Rice)	
APPLICANT'S MAILING ADDRESS (COMPLETE): 1868 State Ave NE, O	lympia, WA 98506
APPLICANT'S TELEPHONE(S): (360) 354-7010	APPLICANT'S E-MAIL: rob@robricehomes.com
PROJECT REPRESENTATIVE	
NAME OF PROJECT REPRESENTATIVE: Hatton Godat Pantier (Jef	
REPRESENTATIVE'S MAILING ADDRESS (COMPLETE): 3910 Martin Way E	E, Ste B, Olympia, WA 98506
REPRESENTATIVE'S TELEPHONE(S): (360) 943-1599	REPRESENTATIVE'S E-MAIL: jeffp@hattonpantier.com
PROPERTY OWNER	
NAME OF PROPERTY OWNER: Bodenhamer Trustees (Allen &	& Virgina)
OWNER'S MAILING ADDRESS (COMPLETE): 22 S BARRACKS LN, S	ALMON, ID 83467
OWNER'S TELEPHONE(S):	OWNER'S E-MAIL:
PROJECT DESCRIPTION (attach additional sheets and documental Subdivide 54.38 acres into 184 single family lots.	tion, as needed)
	·
I affirm that all answers, statements, and information submitted best of my knowledge. I also affirm that I am the owner to act with respect to this application. Further, representatives of the City of Tumwater and other governments reasonably necessary to process this application. I agree to	oner of the subject site or am duly authorized by the I grant permission to any and all employees and tental agencies to enter upon and inspect said property





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	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

(360) 754-4180

Email: cdd@ci.tumwater.wa.us

FORMAL SITE PLAN REVIEW **Application**

TUM -

-22-0213

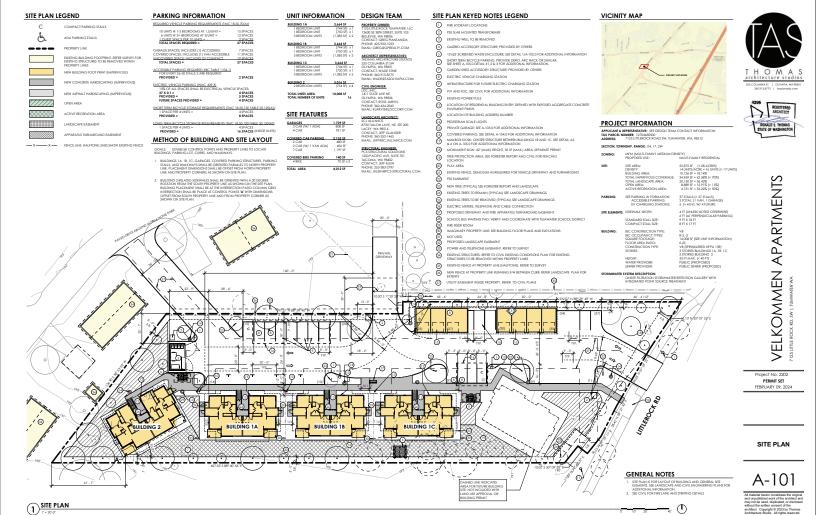
TRM

RCVD BY

DATE STAMP

02/14/2024

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		
ADDRESS OF PROPERTY (COMPLETE): 7125 Littlerock Road SW, 7	umwater, WA 98512	
PROJECT NAME: Velkommen Apartments	PARCEL NUMBER(s):	
APPLICANT (please print neatly)		
NAME OF APPLICANT: 7125 Little Rock Tumwater, LLC	Attn: Greg Piantanida	
	Suite 103, Bellevue, WA 98006	
APPLICANT'S TELEPHONE(S): 425-922-1053	APPLICANT'S E-MAIL: Greg@GpRealty.com	
PROJECT REPRESENTATIVE		
NAME OF PROJECT REPRESENTATIVE: Wade Stine		
	eet SW, Olympia, WA 98501	
REPRESENTATIVE'S TELEPHONE(S): 360-915-8775	REPRESENTATIVE'S E-MAIL: wade@tasolympia.com	
PROPERTY OWNER		
NAME OF PROPERTY OWNER: Greg Piantanida		
	uite 103, Bellevue, WA 98006	
OWNER'S TELEPHONE(S): 425-922-1053	OWNER'S E-MAIL: Greg@GpRealty.com	
PROJECT DESCRIPTION (attach additional sheets and docum See attached Project Description.		
I affirm that all answers, statements, and information subthe best of my knowledge. I also affirm that I am the own to act with respect to this application. Further, I grant pethe City of Tumwater and other governmental agencies necessary to process this application. I agree to pay all feest M. Wade Stine M. Wade Stine Digitally signed by M. Wade Stine Disc. C.U.S. E-wade@flasolympia.com, O=TAS, CN=M. Wade Stine Date: 2024.02.14 14.51.13-08007 Signature of Applicant/Representative	there of the subject site or am duly authorized by the owner ormission to any and all employees and representatives of to enter upon and inspect said property as reasonably sof the City that apply to this application. 2/14/2024 Date	
Signature of Port of Olympia representative (if applicable)	Date	



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