



SPECIAL VALUATION APPLICATION

OFFICIAL USE ONLY

Case #: _____ Master File #: _____ Date: _____
 Received By: _____ Related Cases: _____ Project Planner: _____

Historical Property Name: Dalquest House
 Property Address: 2420 Capitol Way S, Olympia, WA 98501
 Assessor Tax Parcel Number(s): 72502600700

Applicant: Douglas G Mayne and Mary C. Guptill
 Mailing Address: 2420 Capitol Way S., Olympia, WA 98501
 Phone Number(s): 360.481.7145
 E-mail Address: dgm491@aol.com

Owner (if other than applicant): _____
 Mailing Address: _____
 Phone Number(s): _____

Property Use: Commercial Residential
 Brief Summary of Rehabilitation Work: Add bathroom and master closet, reconfigure kitchen, refinish original floors, finish basement, repaint and reroof.

Type of Heritage Register Designation (check all that apply):
 Olympia Heritage Register Designated Individually
 Washington Heritage Register Designated within Historic District
 National Register of Historic Places Name of Historic District: South Capitol

Required Attachments:
 Completed Thurston County Assessor **Application** and Certification of Special Valuation on Improvements to Historic Property (**signed by Assessor**)
 Table identifying the costs of each rehabilitation line item by category
 All **receipts**, grouped by rehabilitation line item category when possible (receipts will be returned)
 Application fee for Historic Rehabilitation Tax Exemption (see Land Use & Planning Application Fee Schedule)

Optional Attachments: \$260.00
 Selection of **"before" photos** if available (digital copies preferred; printed copies & thumb drives will be returned)

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 from the owner to any and all employees and representatives of the City of Olympia 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.




Applicant Signature

Oct 9, 2018
Date

This form has been approved for use by the Olympia Community Planning and Development (CPD) Department.



Keith Stahley, Director,
Community Planning and Development

12/1/2016
Date