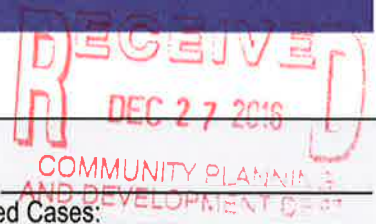




REQUEST FOR PRESUBMISSION CONFERENCE

**OFFICIAL USE ONLY**Case #: _____
Received By: _____Master File #: _____
Project Planner: _____Date: _____
Related Cases: _____

Note: Presubmission file will be purged in one year if there is no further activity on this project.

Please print or type and FILL OUT COMPLETELYProposed Project Title: EASTSIDE ST MULTIFAMILYProject Address: 929 EASTSIDE ST SE
OLYMPIA, WA 98501Assessor's Parcel Number(s): 78204500600, 78204500400Legal Description: 4,5,6,7, 45 SWANS
(attach separate sheet if necessary) Lot Block AdditionZoning: PQ/RMNAME OF APPLICANT: JOSH GOBEL THOMAS ARCHITECTURE STUDIO
Mailing Address: 109 CAPITOL WAY N. OLY, WA 98501Area Code and Phone #: 360-915-8775E-mail Address: JOSH@TARCSTUDIO.COMNAME OF OWNER (or PURCHASER) AARON ANGELO
Mailing Address: 307 NE BIRCH STREET. APT 205
CAMAS, WA 98607Area Code and Phone #: 360-772-1465

NAME OF AUTHORIZED REPRESENTATIVE (if different from above) _____

Mailing Address: _____

Area Code and Phone #: _____

E-mail Address: _____

I affirm that all answers, statements, and information submitted with this request 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 request. 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 request.

Print NameRon S. Thomas**Signature(s)****Date**12-27-16

