



REQUEST FOR PRESUBMISSION CONFERENCE

OFFICIAL USE ONLYCase #: _____
Received By: 813Master File #: 17-0019
Project Planner: _____Date: _____
Related Cases: _____
RECEIVED
JAN 11 2017
COMMUNITY PLANNING
AND DEVELOPMENT DEPT.

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: 9TH AND YAUGER WAY MASTER PLANProject Address: 1015 YAUGER WAY SW
OLYMPIA, WA 98502Assessor's Parcel Number(s): 12821210102Legal Description: Sect. 21 Township 18 Range 2W Quarter NW NW SS140013OL TRA Doc. 4389181
(attach separate sheet if necessary) Lot Block AdditionZoning: PO/RM and MSNAME 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) Jeff Kidwell by Olympia Orthopaedic Associates, PLLC
Mailing Address: 2421 Heritage Ct. SW, Ste. 201 Olympia, WA 98502Area Code and Phone #: 360-455-5144

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 Name**Signature(s)****Date**Ron S. Thomas

1-06-2017

	EXISTING	TO BE ADDED	TOTAL
Parcel Area	803,496 sq. ft.	0 sq. ft.	803,496 sq. ft.
Number of Lots	1	0	1
IBC Building Type	N/A	VA	
Occupancy Type		var. res and comm.	
Number of Buildings	0	4-6 comm 10-15 res	4-6 comm 10-15 res
Height	0 ft.	tbd ft.	tbd ft.
Number of Stories Including Basement	0	tbd	tbd
Basement	0 sq. ft.	tbd sq. ft.	tbd sq. ft.
Ground Floor	0 sq. ft.	tbd sq. ft.	tbd sq. ft.
Second Floor	0 sq. ft.	tbd sq. ft.	tbd sq. ft.
Remaining Floors (number _____)	0 sq. ft.	tbd sq. ft.	tbd sq. ft.
Gross Floor Area of Building	0 sq. ft.	R=100k - 125k C=100k - 125k sq. ft.	
Landscape Area	0 sq. ft.	316,000 sq. ft.	316,000 sq. ft.
Paved Parking	0 sq. ft.	tbd sq. ft.	tbd sq. ft.
Number of Parking Spaces	0	tbd	tbd
Total Impervious Area	803,496 sq. ft.	316,000 sq. ft.	316,000 sq. ft.
Sewer (circle one)	City/Septic	City/Septic	
Water (circle one)	City/Well	City/Well	

PROJECT DESCRIPTION (please fill out the above table and provide general information below):

Phased project. Number of phases TBD.

Known uses:

- Clinical space: approximately 33,000 SF in a 2 – 3 story building.
- Administration offices approximately 10 – 12,000 SF

TBD Uses:

- Medical office lease space.
- Commercial lease space.
- Mixed-use multifamily (apartment) lease space.
- Short stay recovery suites (approximately 20 rooms/units). These suites could be attached to the 33,000 SF clinical space noted above.
- Parking: Variety of options to meet parking requirements for each option above.
- Overflow parking is needed on this site for the existing, adjacent clinical building.
- Research the impact of the future freeway off ramp that will parallel the east property line.