



SPECIAL VALUATION APPLICATION

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OFFICIAL USE ONLY

Case #: _____

Master File #: 17-5534

Received By: _____

Related Cases: _____

Date: _____
Project Planner: _____
COMMUNITY PLANNING AND DEVELOPMENT DEPT.

Historical Property Name: Historical Downtown Square, LLC

Property Address: 222 Capitol Way N, Olympia, WA 98501

Assessor Tax Parcel Number(s): 7850 1200 100

Applicant: Historical Downtown Square, LLC Graham Trustees, Gray Lee & Joy Lennox Graham

Mailing Address: PO Box 296, Olympia, WA 98507

Phone Number(s): 360-951-5000 (Gray) 360-359-5334 (Joy)

E-mail Address: grayleegraham@gmail.com, joygraham99@gmail.com

Owner (if other than applicant): _____

Mailing Address: _____

Phone Number(s): _____

Property Use: Commercial Residential

Brief Summary of Rehabilitation Work: The building was completely refurbished, from commercial office space to an open concept marketplace with a mix of retail and food service (Artisan Market). This included major infrastructure upgrades (electrical, plumbing, fire sprinkler system, etc.).

Type of Heritage Register Designation (check all that apply):

- Olympia Heritage Register
- Washington Heritage Register
- National Register of Historic Places

- Designated Individually
- Designated within Historic District

Name of Historic District: _____


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:

- 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

July 17, 2017
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

**Application and Certification of Special Valuation
on Improvements to Historic Property**

Chapter 84.26 RCW

ASSESSOR

DEC 07 2017

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File With Assessor by October 1

File No: _____

I. Application

County: Thurston

Property Owner: Historical Downtown Square, LLC

Parcel No./Account No: 7850 1200 100

Mailing Address: PO BOX 296

Legal Description: SYLVESTER L 1 & 2 B12 LESS WLY 7F FOR CAPITOL WAY TOG/W W 8.5F OF VAC
ALLEY ADJ ON E OF L2

Property Address (Location): 222 Capitol Way N, Olympia, WA 98501

Describe Rehabilitation: The building was completely refurbished, from commercial office space to an open concept marketplace with a mix of retail and food service (Artisan Market). This included major infrastructure upgrades (electrical, plumbing, fire sprinkler system, etc.).

Property is on: (check appropriate box) National Historic Register Local Register of Historic Places

Building Permit No: 16-1833

Date: 05/01/2016

Jurisdiction: Thurston, Olympia

County/City

Rehabilitation Started: 05/01/2016

Date Completed: 11/30/2016

Actual Cost of Rehabilitation: \$ 1,800,000.00

Affirmation

As owner(s) of the improvements described in this application, I/we hereby indicate by my signature that I/we am/are aware of the potential liability (see reverse) involved when my/our improvements cease to be eligible for special valuation under provisions of Chapter 84.26 RCW.

I/We hereby certify that the foregoing information is true and complete.

Signature(s) of All Owner(s):



Jay Linnex Chapman

II. Assessor

The undersigned does hereby certify that the ownership, legal description and the assessed value prior to rehabilitation reflected below has been verified from the records of this office as being correct.

Assessed value exclusive of land prior to rehabilitation: \$ _____

Date: _____

Assessor/Deputy

For tax assistance, visit <http://dor.wa.gov/content/taxes/property/default.aspx> or call (360) 570-5900. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.