



# SPECIAL VALUATION APPLICATION

## OFFICIAL USE ONLY

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

Historical Property Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Assessor Tax Parcel Number(s): \_\_\_\_\_

Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

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

Property Use:     Commercial     Residential  
Brief Summary of Rehabilitation Work: \_\_\_\_\_  
\_\_\_\_\_

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

<input type="checkbox"/> Olympia Heritage Register	<input type="checkbox"/> Designated Individually
<input type="checkbox"/> Washington Heritage Register	<input type="checkbox"/> Designated within Historic District
<input type="checkbox"/> National Register of Historic Places	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.

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**Applicant Signature**

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**Date**

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



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Keith Stahley, Director,  
Community Planning and Development

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12/1/2016

Date