KITTITAS COUNTY

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506

DATE STAMP IN BOX

PUBLIC AGENCY AND UTILITY EXCEPTION APPLICATION

Relief from a provisions of Title 17A when the application of this Title would prohibit a proposed development by a public agency or public utility. (See KCC 17A.01.060)

Please type or print clearly in ink. Attach additional sheets as necessary. Pursuant to KCC 15A.03.040, a complete application is determined within 28 days of receipt of the application submittal packet and fee. The following items must be attached to the application packet.

REQUIRED ATTACHMENTS

- Site plan of the property with all proposed: buildings; points of access, roads, and parking areas; septic tank and drainfield and replacement area; areas to be cut and/or filled; and, natural features such as contours, streams, gullies, cliffs, etc.
- □ Project Narrative responding to Questions 9 and 10 on the following pages.
- Critical Area Report with mitigation plan

\$2,000.00

\$2,000.00

At a minimum, the report shall contain the following:

- a. The name and contact information of the applicant and a description of the proposal;
- b. The site plan for the proposed development, including a map drawn to scale depicting critical areas, buffers and/or setbacks, the proposed development, and any areas to be cleared or altered;
- c. The names and qualifications of the persons preparing the report;

Kittitas County Community Development Services (KCCDS)

- d. Documentation of any fieldwork performed on the site;
- e. Documentation that consultation, when deemed appropriate, was initiated with agencies of expertise;
- f. Field identification and characterization of all critical areas and buffers on and adjacent to the proposed development;
- g. A statement specifying the accuracy of the report, and all assumptions made and relied upon;
- h. A discussion of the performance standards applicable to the critical area and proposed development;
- i. A mitigation plan in accordance with KCC 17A.01.100 if mitigation is required.

Total fees due for this application (One check made payable to KCCDS)

APPLICATION FEES:

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|--|--------------------|----------|--|
| | For Staff Use Only | | |
| Application Received By (CDS Staff Signature): | | | |
| | DATE: | RECEIPT# | |
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COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

GENERAL APPLICATION INFORMATION

| Property size: | (acres) | | |
|--|-------------|--|--|
| Tax parcel number: | | | |
| Legal description of property (attach additional sheets as necessary): | | | |
| City/State/ZIP: | | | |
| Address: | <u> </u> | | |
| Street address of property: | | | |
| Email Address: | | | |
| Day Time Phone: | | | |
| City/State/ZIP: | | | |
| Mailing Address: | | | |
| Name: | | | |
| Name, mailing address and day phone of other contact person If different than land owner or authorized agent. | | | |
| Email Address: | | | |
| Day Time Phone: | | | |
| City/State/ZIP: | | | |
| Mailing Address: | | | |
| Agent Name: | | | |
| Name, mailing address and day phone of authorized agent, if different from la If an authorized agent is indicated, then the authorized agent's signature is require | | | |
| Email Address: | | | |
| Day Time Phone: | | | |
| City/State/ZIP: | | | |
| Mailing Address: | | | |
| Name: | | | |

8.

Land Use Information:

| Zoning: | Comp Plan Land Use Designation: |
|---------|---------------------------------|
| 0 | |

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

- 9. Narrative project description (include as attachment): Please include at minimum the following information in your description: describe project size, location, the provision of the critical areas code for which this reasonable use variance is requested, a description of the impacted critical area and any proposed mitigation for impacts.
- 10. A Public Agency or Utility Exception review includes consideration of the criteria established in KCC 17A.01.060(1)(c). Please describe in detail how each criterion is met for this request:
 - A. There is no other practical alternative to the proposed development with less impact on the critical area and its buffer.
 - B. The application of this Title would unreasonably restrict the ability to provide utility and/or agency services to the public.
 - C. The proposal does not pose an unreasonable threat to the public health, safety, or welfare on and off the development proposal site.
 - D. The proposal attempts to protect and mitigate impacts to the critical area functions and values consistent with the best available science.
 - E. The proposal is consistent with other applicable regulations and standards.

AUTHORIZATION

11. Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the agencies to which this application is made, the right to enter the above-described location to inspect the proposed and or completed work.

All correspondence and notices will be transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.

| Signature of Authorized Agent: (REQUIRED if indicated on application) | Date: | |
|--|-------|--|
| X | | |
| Signature of Land Owner of Record (Required for application submittal): | Date: | |
| X | | |