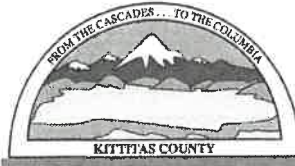


DF-24-00001



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

"Building Partnerships – Building Communities"

PUBLIC FACILITIES PERMIT APPLICATION

(A written decision by Kittitas County Community Development Services authorizing a public facility use to locate at a specific location, per KCC 17.62)

A **preapplication conference** is encouraged for this permit. The more information the County has early in the development process, the easier it is to identify and work through issues and conduct an efficient review. To schedule a preapplication conference, complete and submit a Preapplication Conference Scheduling Form to CDS. Notes or summaries from preapplication conference should be included with this application.

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

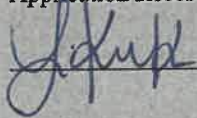
- Site plan of the property with all proposed/existing buildings, points of access, roads, parking areas, septic tank, drainfield, drainfield replacement area, areas to be cut and/or filled, natural features such as contours, streams, gullies, cliffs, etc.
- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800) WSDOT already completed SEPA - see attached Determination of Non-Significance
 - Please pick up a copy of the SEPA Checklist if required)
- Project Narrative responding to Questions 9-10 on the following pages.

APPLICATION FEES:

\$2,320.00 Kittitas County Community Development Services (KCCDS)
\$1,215.00* Kittitas County Public Works

\$3,535.00 Total fees due for this application (One check made payable to KCCDS)
*5 hours of review included in Public Works Fee. Additional review hours will be billed at \$243 per hour.

FOR STAFF USE ONLY

| | | | |
|---|--------------------------|--------------------|--|
| Application Received By (CDS Staff Signature):  | DATE: <u>01-17-24</u> | RECEIPT # _____ | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JAN 16 2024</p> <p>Kittitas County CDS</p> <p>DATE STAMP IN BOX</p> </div> |
| | | | |

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

GENERAL APPLICATION INFORMATION

1. Name, mailing address and day phone of land owner(s) of record:

Landowner(s) signature(s) required on application form.

Name: Washington State Department of Transportation
Mailing Address: 7345 Linderson Way SW
City/State/ZIP: Olympia, WA 98501
Day Time Phone: Jeff Schroeder, Fuel System Specialist, (360) 705-7885
Email Address: SchroeJ@wsdot.wa.gov

2. Name, mailing address and day phone of authorized agent, if different from landowner of record:

If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

Agent Name: Amanda Grindle, Permit Coordinator, Saybr Contractors, Inc.
Mailing Address: 3852 S 66th Street
City/State/ZIP: Tacoma, WA 98409
Day Time Phone: (253) 533-2382
Email Address: agrindle@saybr.com

3. Name, mailing address and day phone of other contact person

If different than land owner or authorized agent.

Name: _____
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

4. Street address of property:

Address: 151 South Bullfrog Road
City/State/ZIP: Cle Elum, WA 98922

5. Legal description of property (attach additional sheets as necessary):

PORTION OF NE 1/4 OF THE SE 1/4 OF SECTION 31, TOWNSHIP 20 NORTH, RANGE 15 EAST.

6. Tax parcel number: N/A (DOT Public Right of Way)

7. Property size: N/A (DOT Public Right of Way) (acres)

8. Land Use Information:

Zoning: Rural 5 Comp Plan Land Use Designation: _____

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, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
10. **Explain in detail whether granting the proposed Public Facilities Permit will cause each any of the following:**
- Be detrimental to the public health, safety, and general welfare?
 - Be injurious to the property or improvements adjacent to, and in the vicinity of, the site upon which the proposed use is to be located?
 - Adversely affect the established character of the surrounding vicinity?

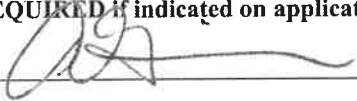
AUTHORIZATION

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)

X

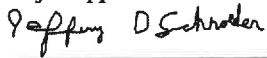


Date:

01/16/2024

Signature of Land Owner of Record
(Required for application submittal):

X



Date:

01-16-2024