

## 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"

# **COMPREHENSIVE PLAN AMENDMENTS DOCKETING**

(Proposing a text or map amendment as part of annual docketing, pursuant to KCC 15A.10 and KCC 17.98)

CHECK THE APPROPRIATE BO	X(ES) SHOWING	G WHICH TYPE OF AMENDA	MENT IS REQUESTED:
COMP PLAN MAP	X	COMP PLAN TEXT	
NOTE: Test			

NOTE: If the amendment you are applying for is within an URBAN GROWTH AREA or you are proposing a UGA expansion of the Ellensburg, Cle Elum, or Roslyn UGA you are required to docket your item with that City as well. You must contact the appropriate City for filing deadlines, fees, application, and costs.

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 the following features (as applicable): all 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)
- Project Narrative responding to Questions 9-12 on the following pages.

#### **APPLICATION FEES:**

\$3,240.00 TEXT AMENDMENT: Kittitas County Community Development Services (KCCDS) -OR\$3,530.00 MAP AMENDMENT: Kittitas County Community Development Services (KCCDS)
\$600.00 SEPA Checklist: Kittitas County Community Development Services (KCCDS)

Based on amendment

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

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

DATE: RECEIPT #

RECEIPT #

JUN 3 0 2022

MILLIANS COURSY CDS

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

## **GENERAL APPLICATION INFORMATION**

N	lame:	Mardee Lake Inc. Linda Lewington	
M	failing Address:	115 Malibu Road SW	
Ci	tity/State/ZIP:	Calgary, AB, T2V 1X5	
Da	ay Time Phone:	(780) 718-6487	
Er	mail Address:	llewington18@gmail.com	
Na If	ame, mailing addre	ess and day phone of authorized agent, if different from latic is indicated, then the authorized agent's signature is require	andowner of record:  ed for application submittal.
Αį	gent Name:	Terra Design Group Inc. Chad Bala	
M	Tailing Address:	PO Box 686	
Ci	ity/State/ZIP:	Cle Elum WA 98922	
Da	ay Time Phone:	509-607-0617	
En	mail Address:	bala.ce@gmail.com	
If a	different than land o	ss and day phone of other contact person wner or authorized agent.	
If a	different than land o	wner or authorized agent.	
If a Na Ma	different than land o	wner or authorized agent.	
If a Na Ma	different than land o ame: ailing Address:	wner or authorized agent.	- - - - - - - -
If a Na Ma Cit Da	different than land o ame: failing Address: ty/State/ZIP:	wner or authorized agent.	PECEIVE
If a Na Ma Cit Da Em	different than land of ame:  failing Address:  ty/State/ZIP:  ay Time Phone:	wner or authorized agent.	RECEIVE
If a Na Ma Cit Da Em	different than land of ame: failing Address: ty/State/ZIP: ay Time Phone: mail Address:	wner or authorized agent.	JUN 3 0 2022
If a Na Ma Cit Da Em Str Ad	adifferent than land of ame:  failing Address:  ty/State/ZIP:  ay Time Phone:  mail Address:  reet address of prop	wner or authorized agent.	JUN 3 0 2022
If a Na Ma Cit Da Enc Str Add Cit	adifferent than land of ame:  failing Address:  fty/State/ZIP:  ay Time Phone:  mail Address:  reet address of propaddress:  tty/State/ZIP:	perty:	JUN 3 0 2022
If a Na Ma Ma Cit Da Em Str Add Cit Leg	different than land of ame:  ailing Address:  ty/State/ZIP:  ay Time Phone:  mail Address:  reet address of propidress:  ty/State/ZIP:  gal description of p  See Exhibit A	perty:  Snoqualmie Pass WA 98068	JUN 3 0 2022
If a Na Ma Cit Da Em Str Ad Cit Leg	different than land of ame:  ailing Address:  ty/State/ZIP:  ay Time Phone:  mail Address:  reet address of propideress:  ty/State/ZIP:  gal description of p  See Exhibit A	perty:  Snoqualmie Pass WA 98068  roperty (attach additional sheets as necessary):	

### PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

- Narrative project description: For all proposed Comp Plan amendments, provide the following information: 9.
  - Why is the amendment needed and being proposed?
  - How does the proposed amendment consistent with the County-Wide Planning Policies for Kittitas County?
  - How is the proposed amendment consistent with the Kittitas County Comprehensive Plan?
  - How have conditions changed that warrant a comprehensive plan amendment?
- 10. Transfer of Development Rights: According to KCC 17.13.080.2 some comprehensive plan amendments require a transfer of development rights. This process is described in KCC 17.13. Please describe whether this amendment will require transferred development rights, and if they are required, describe how this requirement will be met.
- 11. For map amendments attach the following additional information for each parcel involved:
  - Parcel Information
  - i. Tax parcel number(s)
  - ii. Total Acreage
  - iii. Site Address

  - b. Land Use Information
  - i. Current and proposed comprehensive plan designation
  - ii. Current and proposed zoning designation
  - iii. (Note: Rezone requests require separate Rezone application and fee).

  - Whether the site is currently served by i.
  - ii. Name of sewer purveyor (if on public
  - Whether the site is currently served by a iii. public water system or well

- iv. Owner
- Mailing Address v.
- Owner's Home Phone Number
- Present use of the property iv.
- Surrounding land use

- Services:
- sewer or septic
- sewer system).
- iv. Name of water purveyor (if on public water system)
- Whether the site is located on a public road or ٧. private road.
- Name of road vi.
- Fire District
- 12. For text amendments, attach the following additional information
  - Identify the sections of the Comprehensive Plan and Zoning Ordinance that you are proposing to change and provide the proposed wording.

#### **AUTHORIZATION**

Application is hereby made for A COMPREHENSIVE PLAN AMENDMENT to authorize the activities described 13. 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:

Signature of Land Owner of Record

(Required for application submittal):

June 10/22