



# KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

CDS@CO.KITTTITAS.WA.US

Office (509) 962-7506

"Building Partnerships - Building Communities"

## REZONE APPLICATION

(For requested amendments to the zoning map, KCC 17.98 & KCC 15B.03)

*A **preapplication conference is REQUIRED** per KCC 15A.03.020 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.

### REZONE TYPES

Please check the box next to the type of rezone this application is requesting:

Site-specific rezone\*

General rezone using docketing process\*

\*Rezone requests for Planned Unit Developments (PUDs), must use the PUD application form.

### REQUIRED ATTACHMENTS

- Site plan of the property with all proposed 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)
- Legal description of property to be reclassified
- Requested Zone Change: from Forest & Range-20 to Rural Recreational Zoning
- Project Narrative responding to Questions 9-11 on the following pages.

### APPLICATION FEES:

\$3,420.00 Kittitas County Community Development Services (KCCDS)

\$1,215.00\* Kittitas County Public Works

\$130.00 Kittitas County Fire Marshal

**\$4,765.00 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):

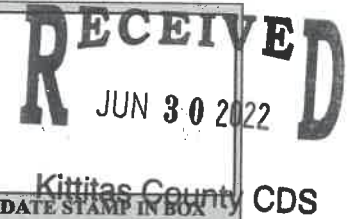
*Payell*

DATE:

*6/30/22*

RECEIPT #

*R2.22.00005*



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

FORM LAST REVISED: 06-01-2021

Page 1 of 3

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: Mardee Lake Inc., Linda Lewington  
Mailing Address: 115 Malibu Road SW  
City/State/ZIP: Calgary, AB, T2V 1X5  
Day Time Phone: 780 718-6487  
Email Address: llewington18@gmail.com

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: Terra Design Group Inc. Chad Bala  
Mailing Address: PO Box 686  
City/State/ZIP: Cle Elum WA 98922  
Day Time Phone: 509-607-0617  
Email Address: bala.ce@gmail.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: \_\_\_\_\_  
City/State/ZIP: Snoqualme Pass WA 98068

5. **Legal description of property (attach additional sheets as necessary):**  
See Exhibit A

6. **Tax parcel number:** P#s 808335, 818335, 828335, & 838335

7. **Property size:** Total Acreage = 150.98 (acres)

8. **Land Use Information:**

Zoning: Forest & Range      Comp Plan Land Use Designation: Rural Working

**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. **Describe how this proposal will provide for the transfer of any required transferrable development rights:** According to KCC 17.98.020.7.h, petitions for rezones must comply with KCC 17.13 Transfer of Development Rights. Development rights must be transferred to the rezone area at a rate proportionate to the size of the project area (see 17.13.080.6). These rights must be transferred prior to final approval. Please describe how this requirement will be met by the proposed rezone.
11. **Applicant for rezone must demonstrate that the following criteria are met (attach additional sheets as necessary):**
- A. The proposed amendment is compatible with the comprehensive plan.
  - B. The proposed amendment bears a substantial relation to the public health, safety or welfare.
  - C. The proposed amendment has merit and value for Kittitas County or a sub-area of the county.
  - D. The proposed amendment is appropriate because of changed circumstances or because of a need for additional property in the proposed zone or because the proposed zone is appropriate for reasonable development of the subject property.
  - E. The subject property is suitable for development in general conformance with zoning standards for the proposed zone.
  - F. The proposed amendment will not be materially detrimental to the use of properties in the immediate vicinity of the subject property.
  - G. The proposed changes in use of the subject property shall not adversely impact irrigation water deliveries to other properties.
  - H. The proposed amendment is in full compliance with Chapter 17.13 KCC, Transfer of Development Rights.

**AUTHORIZATION**

12. 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 Cheryl B.

**Date:**

6-10-22

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

X L. Livingston

**Date:**

June 10/22