

BP-23-00002



# 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"

## SIGN PERMIT APPLICATION

(For a permit to place a sign on a structure or site in accordance with KCC 17.70)

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 showing the location of the sign, all roads and drives, setbacks from property lines, distance from right-of-way edge (Distance from the edge of a right-of-way shall be measured horizontally along a line normal or perpendicular to the center line of the highway).
- Description of proposed sign: include dimensions, height and size of posts or footings, a statement of the precise location where the sign is to be erected or maintained, and a statement of the proposed size and shape of the design. Include a picture/visual of the sign if available.
- Project Narrative responding to Question 9 on the following pages.

We are proposing a Basalt Column cluster to support a steel cut sign image ATTACHED

### APPLICATION FEES:

\$150.00 Kittitas County Community Development Services (KCCDS)

\$243.00\* Kittitas County Public Works

**\$393.00 Total fees due for this application (One check made payable to KCCDS)**

### FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

A. Lucomb

DATE:

4-24-23

RECEIPT #

01014



DATE STAMP IN BOX

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

FORM LAST REVISED: 06-01-2021

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**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: VANTAGE Bay PUD HOA  
Mailing Address: 21828 87th Ave SE  
City/State/ZIP: Woodinville WA 98072  
Day Time Phone: 206-786-0924  
Email Address: BillC@KetchikanDrywall.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: Scott Teuber  
Mailing Address: 22206 W. Baseline Rd  
City/State/ZIP: Quincy WA 98848  
Day Time Phone: 509-797-3634  
Email Address: scott@GeorgeWashingtonRealty.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: Adjacent to 171 Bridgeview DR  
City/State/ZIP: VANTAGE WA 98950

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

VANTAGE Bay PUD TRACT "D" 30-17-23

6. Tax parcel number: 961813

7. Property size: 2543 sq ft (acres)

**8. Land Use Information:**

Zoning: \_\_\_\_\_ Comp Plan Land Use Designation: PUD open Space

**PROJECT NARRATIVE**

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

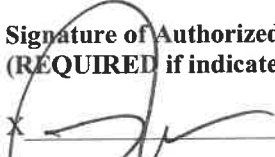
9. **Narrative project description (include as attachment):** Please include at minimum the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.

**AUTHORIZATION**

10. 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:

4-15-23

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

X  \_\_\_\_\_  
Scott Teuber member  
Vantage Bay PUD  
HOA

Date:

4-15-23