



# KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

Office (509) 962-7506

## ZONING VARIANCE APPLICATION

*Relief from a provisions of Title 17 when, because of unusual circumstances, following such provision would cause undue hardship (See KCC 17.84)*

**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.

### APPLICATION FEES:

\$1,850.00	Kittitas County Community Development Services (KCCDS)
\$260.00	Kittitas County Environmental Health
\$500.00	Kittitas County Public Works
\$65.00	Kittitas County Fire Marshal
<b>\$2,675.00</b>	<b>Total fees due for this application (One check made payable to KCCDS)</b>

### For Staff Use Only

Application Received By (CDS Staff Signature): 	DATE: <u>1/13/23</u>	RECEIPT # <u>VA-23-0001</u> <u>CD23-00089</u>	
--	-------------------------	---	--

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

FORM LAST REVISED: 06-01-2021

**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: Michael Casal  
Mailing Address: 11240 N Madison Ave NE  
City/State/ZIP: Bainbridge Island, WA 98110  
Day Time Phone: 425-606-7678  
Email Address: Casal1987@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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_~~

**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: Lot 11 N Olson Drive  
City/State/ZIP: Snoqualmie Pass, WA 98068

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

Conifer Estates, Lot 11, Sec 09, TWP22, RGE 11

**6. Tax parcel number:** 477935

**7. Property size:** 0.13 (acres)

**8. Land Use Information:**

Zoning: RR Comp Plan Land Use Designation: LAMIRD

**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, and the provision of zoning code for which this variance is requested and the way in which you wish to vary from the code.
10. **A variance may be granted only when the following criteria are met (see KCC 17.84.10). Please describe in detail how each criteria is met for this particular request:**
- A. Unusual circumstances or conditions applying to the property and/or the intended use that do not apply generally to other property in the same vicinity or district, such as topography.
  - B. Such variance is necessary for the preservation and enjoyment of a substantial property right of the applicant possessed by the owners of other properties in the same vicinity.
  - C. That authorization of such variance will not be materially detrimental to the public welfare or injurious to property in the vicinity.
  - D. That the granting of such variance will not adversely affect the realization of the comprehensive development pattern.

**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 

1/4/2023

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

Date:

X 

1/4/2023