

# Letter of Transmittal



**Western Washington Division**  
 165 NE Juniper St., Suite 201, Issaquah, WA 98027  
 Tel (425) 392-0250

**Eastern Washington Division**  
 407 Swiftwater Blvd., Cle Elum, WA 98922  
 Tel (509) 674-7433

**To: KITTITAS COUNTY CDS** **Date: 3-19-2020** **Job No. 05000B**  
**ELLENSBURG WA** **Attn: KELLY BACON**  
**ATTN: KELLY BACON** **Re: ACU-20-00001 THUNDER MOUNTAIN**

**WE ARE SENDING YOU**  Attached  Under separate cover via overnight mail/regular mail the following items:

PRINTS	PLANS	SHOP DRAWINGS	COPY OF LETTER	CHANGE ORDER	SAMPLES	SPECIFICATIONS	SUBMITTAL

COPIES	DATE	NO.	DESCRIPTION
2		1	24X36 COPY OF UPDATED SITE PLAN
1		1	REVISED PAGE 2 OF ZONING CONDITIONAL USE PERMIT APPLICATION

**THESE ARE TRANSMITTED as checked below:**

- For approval
- Approved as submitted
- Resubmit \_\_\_\_ copies for approval
- For signature
- For your use
- Approved as noted
- Submit \_\_\_\_ copies for distribution
- As requested
- Returned for corrections
- Return \_\_\_\_ corrected prints
- For review and comment \_\_\_\_\_
- FOR BIDS DUE \_\_\_\_\_
- PRINTS RETURNED AFTER LOAN TO US

REMARKS:



Signature: Ginger Wessner Title: CAD TECHNICIAN Kittitas Co. CDS

Copy to: File

**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: CLE ELUM CHRISTIAN & MISSIONARY ALLIANCE CHURCH  
Mailing Address: PO BOX 440  
City/State/ZIP: SOUTH CLE ELUM WA 98943  
Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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: THUNDER MOUNTAIN, LLC  
Mailing Address: PO BOX 750  
City/State/ZIP: ROSLYN WA 98941  
Day Time Phone: 509-304-4345  
Email Address: WENDIEKELLY@HOTMAIL.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: 90 SHAFT STREET  
City/State/ZIP: ROSLYN WA 98941

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

LOT 2 OF THE CRYSTAL CREEK DIV. II SHORT PLAT, SP-04-48, BOOK H OF SHORT PLATS, PAGES 162 & 163

6. **Tax parcel number:** 949587

7. **Property size:** 1.44 ACRES (acres)

8. **Land Use Information:**

Zoning: RURAL 5 Comp Plan Land Use Designation: RURAL RESIDENTIAL

9. **Proposed Water System (as defined by KCC 13.03) NOTE: Show location of water system on site plan.**

Group A     Group B     Individual     Shared     Cistern     Other: MUNICIPAL

**RECEIVED**  
MAR 31 2020  
Kittitas Co. CDS