



KITITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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ADMINISTRATIVE USE PERMIT APPLICATION

AV-08-00006

*(Proposing an Accessory Dwelling Unit outside of a designated Urban Growth Area or Urban Growth Node)
(Kittitas County Code 17.60B)*

KITITITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO KCC 15A.03.030, 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

- ADDRESS LIST OF ALL LANDOWNERS WITHIN 500 FEET OF THE SUBJECT PARCEL(S). IF ADJOINING PARCELS ARE OWNED BY THE APPLICANT, THEN THE 500 FOOT AREA SHALL EXTEND FROM THE FARTHEST PARCEL. IF THE PARCEL IS WITHIN A SUBDIVISION WITH A HOMEOWNERS' OR ROAD ASSOCIATION, THEN PLEASE INCLUDE THE MAILING ADDRESS OF THE ASSOCIATION.
- 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.

APPLICATION FEE:

\$1,000.00 payable to Kittitas County Community Development Services (KCCDS)
Accessory Dwelling Units and Special Care Dwellings are exempt from SEPA

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

DATE:

4-15-08

RECEIPT #

573



NOTES:

1. **Name, mailing address and day phone of land owner(s) of record:**
Landowner(s) signature(s) required on application form.

Name: Reel Grossman
Mailing Address: 13850 Hwy 97
City/State/ZIP: Ellensburg WA. 98926
Day Time Phone: 509-868-6789
Email Address: _____

2. **Name, mailing address and day phone of authorized agent, if different from land owner 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. **Street address of property:**

Address: 13850 Hwy 97
City/State/ZIP: Ellensburg WA. 98926

4. **Legal description of property:**

SEE Attached

5. **Tax parcel number:** 19-17-25020-0009

6. **Property size:** 6.69 (acres)

7. **Zoning of property:** A6-20

8. **Narrative project description:** Please include 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 (be specific, attach additional sheets as necessary):

Have a 2300 Sq. Ft w/ Garage built, on said property, Drill a new Well because this property has no well, Install an Approved Septic System, Pour Sidewalks and Garage Apron. Add Rock to common Driveway and do nice landscaping!

9. Provision of the zoning code applicable: Yes

10. Describe the development existing on the subject property and associated permits. List permit numbers if know. (i.e. building permits, access permits, subdivisions)

2600 sq. Ft. Tripple wide home (2000) w 1500 sq. Ft. Attached Garage
with Appproved Syptic tank, shared well, w/ legal Access of Hwy. 97
Fully landscaped w/ Underground sprinklers. and lots of trees!

11. Name the road(s) or ingress/egress easements that provide legal access to the site.

13850 Hwy 97 has legal access to site and will become a
shared Exit from Hwy 97

12. An Administrative Use Permit may be granted when the following criteria are met. Please describe in detail how each criteria is met for this particular project (attach additional sheets as necessary):

A. There is only one ADU on the lot.

Check One: yes X no _____

B. The owner of the property resides in or will reside in either the primary residence or the ADU.

Check one: yes X no _____

C. The ADU does not exceed the square footage of the habitable area of primary residence.

Check one: yes X no _____

D. The ADU is designed to maintain the appearance of the primary residence. *Explain.*

When I cleared site for ADU House I left trees to hide
house, and for windbreak, Also will have underground sprinklers with
a very nice yard!

E. The ADU meets all the setback requirements for the zone in which the use is located. *Explain.*

Yes = All setbacks will be met

F. The ADU has or will meet the applicable health department standards for potable water and sewage disposal. Explain.

- ① Install New syptic Tank & Drainsfield
- ② Drill Well to service both ADU and Existing home on property

G. The ADU has or will provide additional off-street parking. Explain.

2x Car Garage plus outside Apron of Garage

H. The ADU is not located on a lot in which a Special Care Dwelling or an Accessory Living Quarter already exists.

Check one: yes _____ no X

I. The proposed use is essential or desirable to the public convenience and not detrimental or injurious to the public health, peace, safety, or general welfare of the surrounding neighborhood. Explain.

This will be the nicest house on Hwy 97 for three miles each way. My closest neighbor is excited to have this project start, and has no concerns about the house

J. The proposed use will not adversely affect the established character of the surrounding vicinity and planned uses. Explain.

No. You will hardly notice it. Even if you do All that is around the country is Sagebrush & Wreaths

K. The proposed use will not be injurious to the uses, property, or improvements adjacent to, and in the vicinity of, the site upon which the proposed use is to be located. Explain.

No. It will Enhance Surroundings

L. The granting of the proposed administrative use permit is consistent and compatible with the intent of goals, objectives and policies of the Kittitas County Comprehensive Plan, and any implementing regulation. *Explain.*

I hope so. ?

13. 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 mailed to the Land Owner of Record and copies sent to the authorized agent.

Signature of Authorized Agent:
(REQUIRED if indicated on application)

Date:

X Roel Grossman

4-10-08

Print Name Roel Grossman

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

Date:

X Roel Grossman

4-10-08

Print Name Roel Grossman