

KITITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITITITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

ADMINISTRATIVE USE PERMIT APPLICATION

AU-08-00016

*(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:

7-14-08

RECEIPT #

2183

RECEIVED

JUL 14 2008

KITITITAS COUNTY
CDS STAMP

DATE STAMP
HERE

NOTES:

DARRYL PIERCY, DIRECTOR

ALLISON KIMBALL, ASSISTANT DIRECTOR

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

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

Name: Debbie + David Young
Mailing Address: P.O. Box 915
City/State/ZIP: Ellensburg WA 98926
Day Time Phone: 509-899-1615
Email Address: mail@debbieyoungart.com

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: 17880 Vantage Highway
City/State/ZIP: Ellensburg WA 98926

4. **Legal description of property:**

Acres 9.62; weeks. SP 06-74 Lot 13 Sec 25 TWP 17: R 4E 20

5. **Tax parcel number:** 1720 02054 0001

6. **Property size:** 9.62 Acres (acres)

7. **Zoning of property:** A4-20

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):

Build Assesory Dwelling Unit (ADU) northwest of existing home and shop. ADU is a minimum of 100' away from any other structure, well, septic water from shared well, using existing 6 Bedroom Septic.
ADU to be a 897 square foot or 1377 square foot Building depending on septic size.

9. Provision of the zoning code applicable: 17.08.022, 17.29.130

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

3 Bedroom Home - # 2007-9473
Shop - carpent - # 2006-9812

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

Vantage Highway - primary
Sunset Road - secondary

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 no

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

Check one: yes no

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

Check one: yes no

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

ADU to be built by same builder using the same
siding + colors to blend with existing
home + shop.

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

YES, ADU IS A minimum of 100' from
any Building, the well, the septic
and BOUNDARY.

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

ADU will share well and septic with existing home.

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

N/A

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

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.*

yes

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

yes, ADU will blend with surrounding landscape and structures.

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.*

yes

- 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.*

Eldercare, affordable housing, Family members,

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)

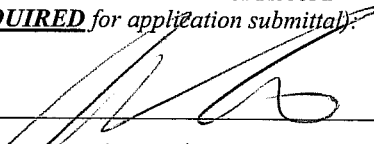
Date:

X _____

Print Name _____

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

Date:

X  _____

7/14/08

Print Name Debbie Young

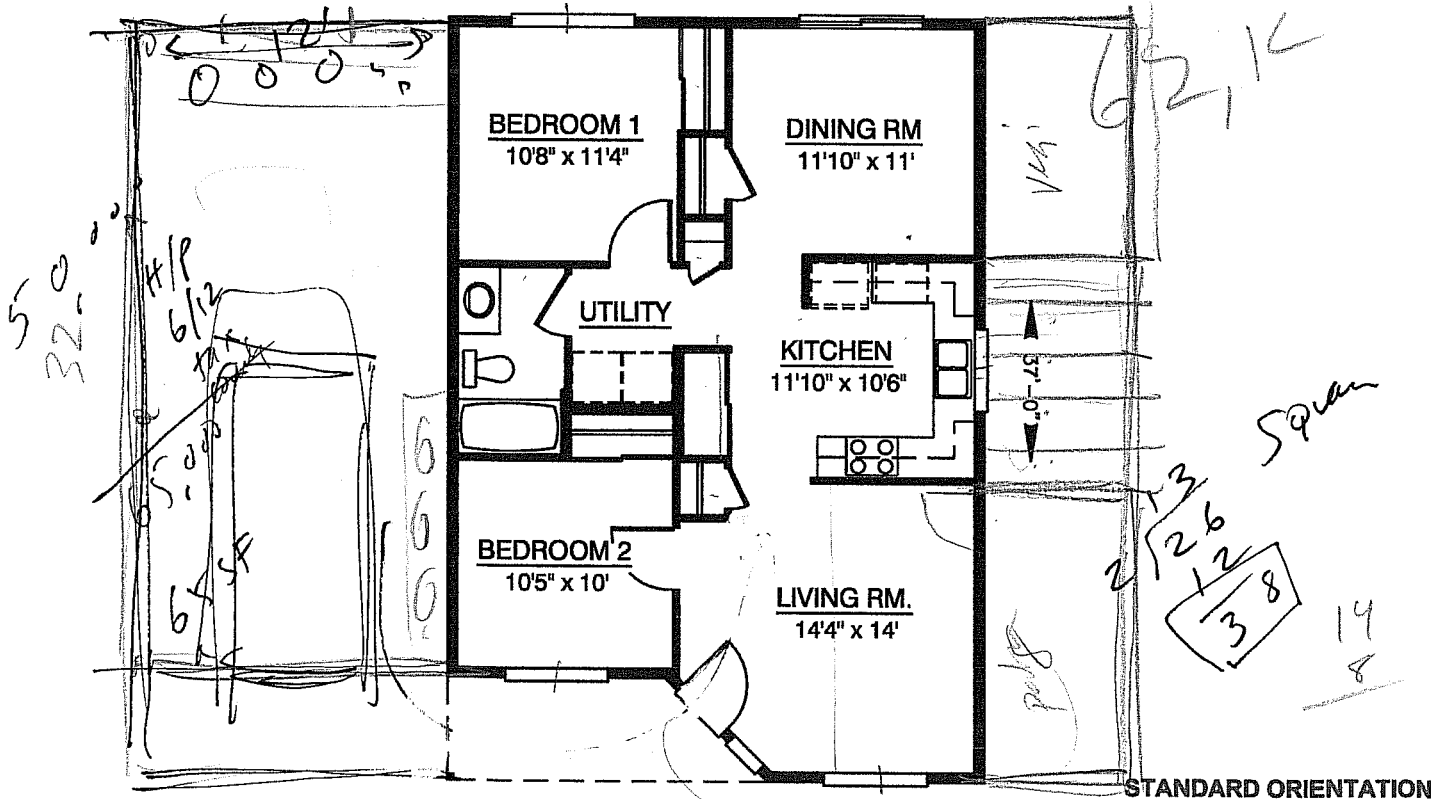


897 sq ft ADU

- ACCESSORY DWELLING UNIT
- 2 BEDROOMS / ONE BATH
- CAN FIT ON LOT WITH AN EXISTING HOME
- RETIREMENT LIVING CLOSE TO FAMILY
- GREAT FOR AN INVESTMENT PROPERTY



26'-0"



STANDARD ORIENTATION



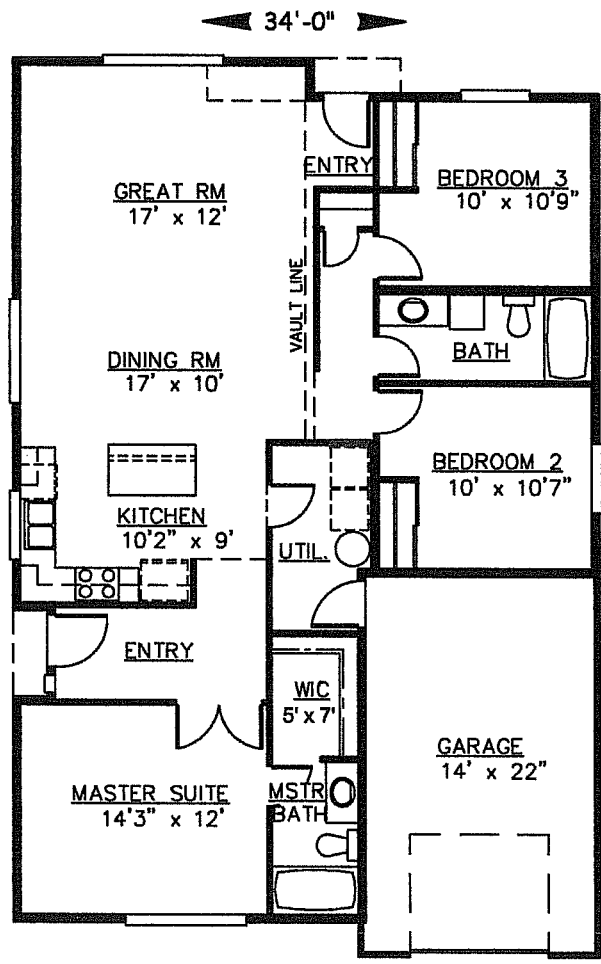
1377 sq ft Home

- 3 BEDROOMS
- 2 BATHS
- VERSATILE STREET APPEAL
- OPEN VAULTED CEILINGS
- FITS SMALL NARROW LOTS



72,000 H/LP
 90,000 6/12
 FR. K. COM. M.

73,000 6/5 SF
 92,000K



90K
 face
 Car port

REVERSE ORIENTATION

David + Debbie




Young

17880 Vantage Highway
Ellensburg WA 98926

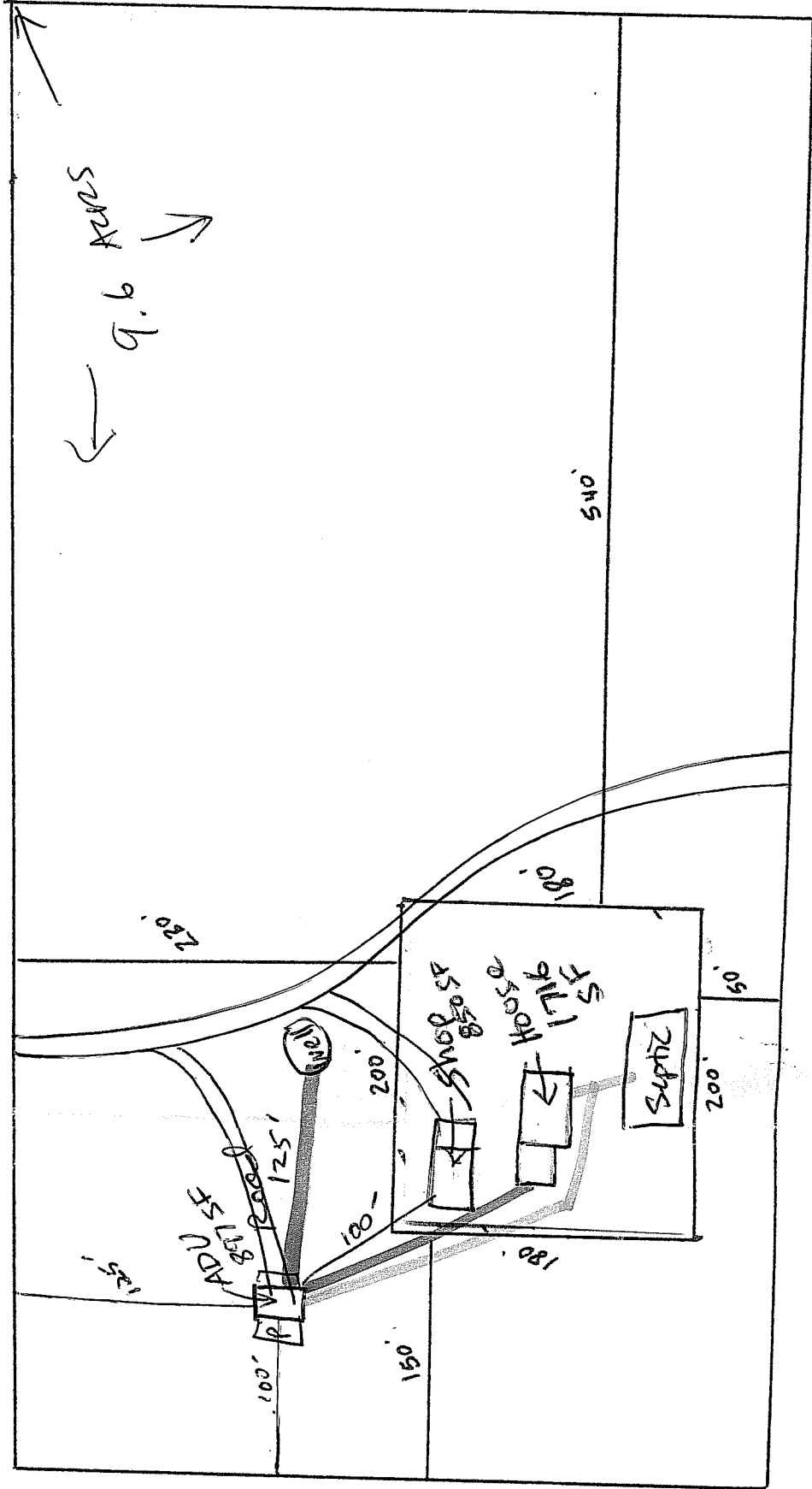
PARCEL #

1 = 100

SCALE

-  - septic line
-  - power line
-  - water line

VANTAGE HIGHWAY



010

SUNSET

HWY