

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

"Building Partnerships – Building Communities"

AU-09-00003

**ADMINISTRATIVE USE
PERMIT APPLICATION**

*(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:

RECEIPT #



NOTES:

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

Name: JOE SPEZIALY
Mailing Address: 3511 132nd ST. S.W. #4
City/State/ZIP: LYNNWOOD, WA. 98087
Day Time Phone: 425-787-1826
Email Address: joe@daltonelectriccompany.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: (SAME AS ABOVE)
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

3. Street address of property:

Address: 170 BARE ROAD
City/State/ZIP: ELLENSBURG, WA 98926

4. Legal description of property: ACRES 20.00, CD-11119-3; SEC. 28
TWP. 17, RGE. 20, PTN 5 1/2 SW 1/4 LYING WLY OF KR D R/W

5. Tax parcel number: 17-20-28000-0016

6. Property size: 20 (acres)

7. Zoning of property: AQ-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):

WE ARE PROPOSING BUILDING A PRIMARY RESIDENCE
OF WHICH 1ST LEVEL IS 4,672 SQ FT AND HEATED BASEMENT
IS 1,554 S.F. (NON-HEATED STORAGE 1,426 S.F.) WE WOULD
LIKE TO RE-QUALIFY THE EXISTING BUILDING (SEE
PERMIT 2006-7679) TO A ADU. THE EXISTING BUILDING
HAS TWO BEDROOMS, TWO 1/2 BATHROOMS, LAUNDRY ROOM
AND KITCHEN. TOTAL OF 1,914 S.F. LIVING AND 11,445 S.F.
GARAGE. THE WATER SUPPLY FOR BOTH BUILDINGS IS A -

SEE NEXT PAGE →

#8. NARRATIVE PROJECT DESCRIPTION: (CONTINUED FROM PAGE 1.)

- 270' WELL, THAT PRODUCES 20 GALLONS OF WATER PER MINUTE. THE SEWER SYSTEM FOR BOTH UNITS IS BASED ON SEVEN BEDROOMS AND WAS INSTALLED UNDER PREVIOUS PERMIT. (SEE ATTACHED SITE PLAN FOR LOCATIONS OF ALL UTILITIES AS WELL AS BUILDING LOCATIONS)

17.08.022 AND
17.29.130 (1)

9. Provision of the zoning code applicable: _____
10. Describe the development existing on the subject property and associated permits. List permit numbers if know. (i.e. building permits, access permits, subdivisions)

ORIGINAL BUILDING PERMIT - 2006-7679
ACCESS PERMIT - 2005-769

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

BARE ROAD TO MY 40' EASEMENT
(SEE ATTACHED)

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.*

THE ADU (IN THIS CASE, THE EXISTING UNIT) HAS THE SAME SIDING (T-111) AND PAINT COLORS AS THE NEW PRIMARY RESIDENCE. BOTH UNITS HAVE THE SAME ROOF MATERIALS AND THE GABLES ON BOTH UNITS HAVE THE SAME ARCHITECTURE. BOTH UNITS WERE DESIGNED BY THE SAME ARCHITECTURAL FIRM.

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

PER 17.29.040 - LOT SIZE REQUIRED, THE NEW PRIMARY RESIDENCE AS WELL AS THE EXISTING "ADU" COMPLY WITH ALL SET BACKS REQUIRED IN A A-20 ZONE. THE CLOSEST EITHER UNIT IS FROM A LOT LINE IS 216'.

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

THE ADU (IN THIS CASE, THE EXISTING UNIT) AND THE NEW PRIMARY RESIDENCE SHARE THE SAME SEWER SYSTEM, ALREADY APPROVED FOR 7 BEDROOMS ON 4/6/07. (SEE ATTACHED)

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

THE ADU AND THE PRIMARY RESIDENCE SHARE A DRIVEWAY AND PARKING AREA. THE PARKING AREA IS APPROXIMATELY 100' X 60' OR 6000 SQ FT.

- 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 X 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.*

THE GENERAL WELFARE OF THE SURROUNDING NEIGHBORHOOD WILL NOT BE COMPROMISED BY ADDING A ADU TO THIS PROPERTY. THE AGRICULTURAL (A-20) ZONE IS AN AREA WHEREIN FARMING, RANCHING AND RURAL LIFE STYLES ARE DOMINANT CHARACTERISTICS. WE WILL ABIDE BY THESE CHARACTERISTICS, JUST LIKE OUR NEIGHBORS.

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

THE PROPOSED USE OF OUR SINGLE FAMILY HOME AND ADU WILL ONLY ENHANCE THE SURROUNDING VICINITY DUE TO OUR PLANNED RURAL LIFE STYLE OF FARMING AND RANCHING.

- 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.*

DUE TO THE FACT OUR HOME AND ADU ARE LOCATED NEAR THE CENTER OF OUR 20 ACRES, THE USE OF THE ADU WILL NOT BE INJURIOUS TO USES, PROPERTY, OR IMPROVEMENTS OF ANY NEIGHBOR IN THE VICINITY OF THE ADU.

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.*

THE GRANTING OF THE PROPOSED ADMINISTRATIVE PERMIT IS CONSISTENT AND COMPATIBLE WITH THE INTENT OF GOALS, OBJECTIVES AND POLICIES OF KITTITAS COUNTY COMPREHENSIVE PLAN AS DESCRIBED IN ARTICLE 17.29.130 (1) ACCESSORY DWELLING UNIT.

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 Joe Spezialy
Print Name JOE SPEZIALY

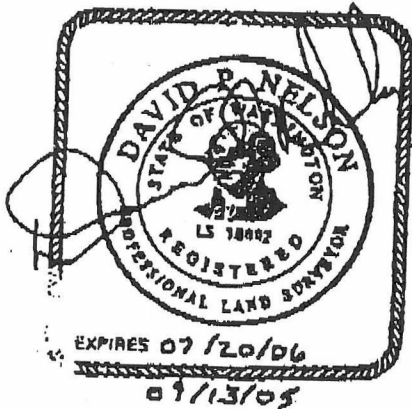
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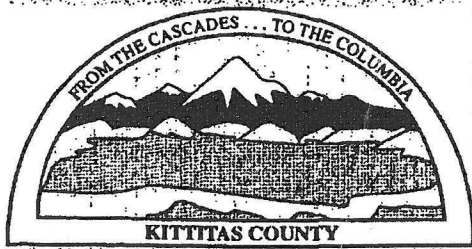


EASEMENT DESCRIPTION FOR SPRATLEN

AN ACCESS & UTILITY EASEMENT, 40.00 FEET IN WIDTH, LYING NORTHERLY OF AND ADJACENT TO THE SOUTHERN BOUNDARY OF PARCEL "A" OF THAT CERTAIN SURVEY RECORDED IN BOOK 23 OF SURVEYS, PAGES 92 AND 93, UNDER AUDITOR'S FILE NUMBER 199803100013, RECORDS OF KITTITAS COUNTY, STATE OF WASHINGTON. SAID EASEMENT AFFECTS SAID PARCEL "A" FOR THE BENEFIT OF PARCEL "B" OF SAID SURVEY.

PARCELS "A" AND "B" ARE LOCATED IN THE SOUTHWEST QUARTER OF SECTION 28, TOWNSHIP 17 NORTH, RANGE 20 EAST, W.M., KITTITAS COUNTY, STATE OF WASHINGTON.





KITITAS COUNTY PUBLIC HEALTH DEPARTMENT
 Environmental Health Division
 411 N. Ruby Street Suite 3
 Ellensburg, WA 98926 (509) 962-7698

ON SITE SEWAGE INSTALLATION PERMIT

Parcel # 17-20-28000-0016

Type of Permit: New Repair Renewal Privy Gravity Pressure Alternative

Description

First Name Last Name
Joe Spezialy

Subdivision Division Block Lot
Carney Property

Site Address Parcel Size
Bare Rd

No of Bedrooms Other
7

Square Feet of Drainfield	Septic Tank Capacity	Pump Chamber Capacity	Application Rate
4200	1000	1000	.2

State Licensed Designer/PE
Ron Dalle

Installation Contractor

Issued By Date Issued
Dacia Carver 5/21/2006

This permit expires one year from the date of issuance. The above specifications are minimum. Changes in specifications shall be approved prior to installation. Seventy-two hours (3 business days) advance notice is required for inspections.

Inspected By Date Approved
Joe Gilbert/Ron Dalle *4/6/07*

Comments

17-20-28000-0016

To Protect and Promote the Health and the Environment of the People of Kittitas County

PUBLIC HEALTH
 ALWAYS WORKING FOR A SAFER AND
 HEALTHIER KITITAS COUNTY

