

# 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"

## ADMINISTRATIVE USE PERMIT APPLICATION

AM-09-00004

*(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)

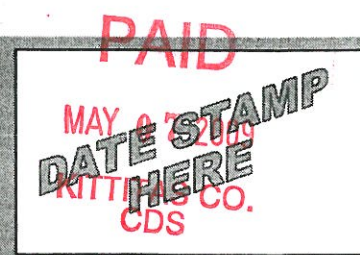
*Mandy Need*

DATE:

*5/7/09*

RECEIPT #

*4722*



NOTES:

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

Name: Josh Allemand  
Mailing Address: 4841 Kittitas Hwy  
City/State/ZIP: Ellensburg WA 98926  
Day Time Phone: 509-899-3541  
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: Same as above  
City/State/ZIP: \_\_\_\_\_

4. **Legal description of property:**

\_\_\_\_\_

5. **Tax parcel number:** 17-19-04040-0014

6. **Property size:** 8.25 (acres)

7. **Zoning of property:** Commercial ug

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):

Adv new residence 2000 sq foot home see  
attached paper for site plan  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Provision of the zoning code applicable: 17-60B

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

Manufactured home and shop.

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

Kittitas Hwy

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.*

They are both single story simple structures.

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

property zoned commercial and I will exceed set backs by ~~at least~~ at least 100 feet

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

Well and septic will be new

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

No parking on street building site is 1000 feet from Kittitas Hwy.

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.*

Parcel is 8.25 Acres will not affect neighborhood

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

There will be no adverse affect of the character of the surrounding vicinity.

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.*

The proposed use will not be injurious to the uses or improvements adjacent to the vicinity of the site

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.*

It complies with the zoning code 17-03

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 \_\_\_\_\_

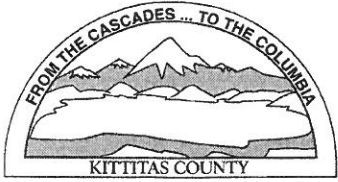
Signature of Land Owner of Record  
**(REQUIRED for application submittal):**

Date:

X Josh Allemand

5-7-09

Print Name Josh Allemand



KITITAS COUNTY PERMIT CENTER  
411 N. RUBY STREET, ELLENSBURG, WA 98926

**RECEIPT NO.: 00004722**

COMMUNITY DEVELOPMENT SERVICES  
(509) 962-7506

PUBLIC HEALTH DEPARTMENT  
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS  
(509) 962-7523

**Account name:** 020704

**Date:** 5/7/2009

**Applicant:** ALLEMAND, JOSHUA J &

**Type:** cash

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
AU-09-00004	ADMINISTRATIVE USE FEE	1,000.00
	Total:	1,000.00

CLERF FAMILY LLC  
PO BOX 635  
KITTITAS WA 98934-

GAGE, CLIFFORD S ETUX  
9440 MANASTASH RD  
ELLENSBURG WA 98926

SCHOMER, JOSEPH J. ETUX  
1950 N FERGUSON RD  
ELLENSBURG WA 98926

POULSEN, RONALD L ETUX  
TRUSTEES  
3550 TJOSSEM RD  
ELLENSBURG WA 98926-

MAIN, ROBERT ETUX  
4843 KITTITAS HIGHWAY  
ELLENSBURG WA 98926

SNYDER, LEO L ETUX  
C/O EDWARD SNYDER  
4671 KITTITAS HWY  
ELLENSBURG WA 98926-

CLERF, JOHN S  
PO BOX 635  
KITTITAS WA 98934-

GAGE, STEVE C  
2200 N FERGUSON RD  
ELLENSBURG WA 98926

WYATT, FRANCIS D. ETUX  
4781 KITTITAS HWY  
ELLENSBURG WA 98926

