

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

"Building Partnerships - Building Communities"

6 weeks

ADMINISTRATIVE USE PERMIT APPLICATION

AU-0-00001

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

KITTITAS 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

PAID
FEB 16 2010
KITTITAS CO.
CDS

FOR STAFF USE ONLY

APPLICATION RECEIVED BY (CDS STAFF SIGNATURE)	DATE	RECEIPT #	DATE STAMP HERE
	02/16/10	7001	
NOTES:			

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

Name: JARED & LISA BRONKEMA
Mailing Address: PO Box 253
City/State/ZIP: CLE Elum, WA 98922
Day Time Phone: (509) 260-0026
Email Address: NONE

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: 2150 AIRPORT ROAD
City/State/ZIP: CLE Elum, WA 98922

4. **Legal description of property:** THE NORTHERLY 656.21 Feet, as measured at right angles, of the West 1/2 of the Northeast 1/4 of the Northeast 1/4 of Section 31, Township 20 North, Range 16 East, W.M., Kittitas County, State of Washington, EXCEPT right-of-way for County Road known as Airport Road.

5. **Tax parcel number:** ~~2016-31010-0002~~ 025035 - 2016-31010-0002

6. **Property size:** 10.46 (acres)

7. **Zoning of property:** AG-3

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 WILL BUILD A 24x40' POLE BUILDING W/ AN ATTACHED 12'x40' ENCLOSED LEAN-TO WHICH WILL ACCOMMODATE A MOTHER-IN-LAW APARTMENT IN ORDER TO FULFILL A LIFE-ESTATE REQUIREMENT W/ THE PURCHASE OF OUR PROPERTY. THE POLE BARN WILL BE BUILT BEHIND OUR HOME ON AIRPORT ROAD, APPROXIMATELY 150' SOUTH. THE BUILDING WILL BE 36' FROM THE PROPERTY LINE W/ ANDY AND CATHY BATOR, TO THE EAST.
(DESCRIPTION CONTINUES ON ATTACHED PAGE.)

B. NARRATIVE PROJECT DESCRIPTION (CONTINUED)

WATER FOR THE BUILDING WILL BE PROVIDED BY OUR EXEMPT WELL (LOCATED NE $\frac{1}{4}$ NE $\frac{1}{4}$ SEC 31 T20N.A.16W.M.) DRILLED BY BACH DRILLING CO. ON 24 APRIL 1998. A WATER AVAILABILITY FORM WILL BE SUBMITTED TO THE HEALTH DEPARTMENT UPON ACCEPTANCE OF OUR ACCESSORY DWELLING APPLICATION.

WE HAVE DISCUSSED SEWAGE DISPOSAL WITH THE HEALTH DEPT. WE WILL EXTEND OUR CURRENT DRAIN FIELD BY SIXTEEN FEET ON EACH OF THE THREE LEGS IN ORDER TO INCREASE OUR CURRENT SEPTIC CAPACITY TO 4 BEDROOMS. SOLIDS WILL BE CARRIED TO THE SEPTIC TANK WITH A CHOPPER PUMP. A SYSTEM DESIGN WILL BE PRESENTED TO THE HEALTH DEPARTMENT UPON APPROVAL OF OUR ACCESSORY DWELLING APPLICATION.

THIS PROJECT WILL PROVIDE US WITH NECESSARY HAY STORAGE AND HORSE STALLS IN ADDITION TO PROVIDING A RESIDENCE TO THE WOMAN WHO SOLD US THIS PROPERTY FOR A DISCOUNTED PRICE WITH THE UNDERSTANDING THAT SHE COULD RESIDE ON THE PROPERTY IN AN ACCESSORY DWELLING FOR AS LONG AS SHE IS ABLE TO DO SO.

** ATTACHED MAP SHOWS APPROXIMATE LOCATION OF CURRENT RESIDENCE AND PROPOSED STRUCTURE.

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

I HAVE MET W/ THE HEALTH DEPARTMENT REGARDING POTABLE WATER AND SEWAGE DISPOSAL. WE WILL SUBMIT A WATER AVAILABILITY FORM AND A SEPTIC DESIGN UPON APPROVAL OF THE ADU. WE QUALIFY UNDER PART I OF THE WATER AVAILABILITY, AND HAVE MET WITH THE HEALTH DEPT TO DESIGN AN APPROVED SEPEC SYSTEM.

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

ADDITIONAL OFF-STREET PARKING WILL BE PROVIDED TO THE NORTH OF THE ADU, ADJACENT TO THE BUILDING. A GRAVELED PARKING SPACE OF 30' x 10' WILL BE DIRECTLY IN FRONT OF THE ADU.

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
 NO OTHER ADU'S ON PROPERTY.

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 ADU WILL BE OCCUPIED BY THE WOMAN WHO SOLD THIS PROPERTY TO MY WIFE AND ME. SHE IS A RECENT WIDOW AND A LONG-TIME RESIDENT OF THE PROPERTY, AND A FRIEND TO ALL NEIGHBORS.

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

AIRPORT ROAD IS A RURAL AREA WITH SEVERAL DEVELOPMENTS JUST A HALF-MILE WEST OF US. THE ADU WILL MAINTAIN A RURAL APPEARANCE AND USE. THE ADU AND ATTACHED BARN WILL INCREASE THE VALUE OF OUR PROPERTY, AND IMPROVE THE APPEARANCE BY PROVIDING STORAGE FOR HAY AND OTHER FARM NECESSITIES.

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 ADU WILL BE CONSTRUCTED BY EITHER STEEL STRUCTURES OF AMERICA, OR BULLDOG CONTRACTORS, BOTH EXPERTS IN POLE-BARN CONSTRUCTION. THE BUILDING WILL IMPROVE THE APPEARANCE AND USE OF OUR PROPERTY, WHICH IN TURN, IMPROVES THE NEIGHBORS' PROPERTIES. OUR PROPERTY IS THE ONLY ONE OF THE NEAREST ^{FOUR} ~~TWO~~ THAT DOES NOT HAVE A BARN.

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 ADU WILL NOT CHANGE THE CHARACTER OF THE PRIMARY RESIDENCE OR THE SURROUNDING COMMUNITY, KEEPING CONSISTENT WITH THE KITTITAS COUNTY COMPREHENSIVE PLAN. ALL BUILDING, INCLUDING SEPTIC AND WATER, WILL BE APPROVED AND PERMITTED BEFORE BEGINNING.

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 Jared Bronkema

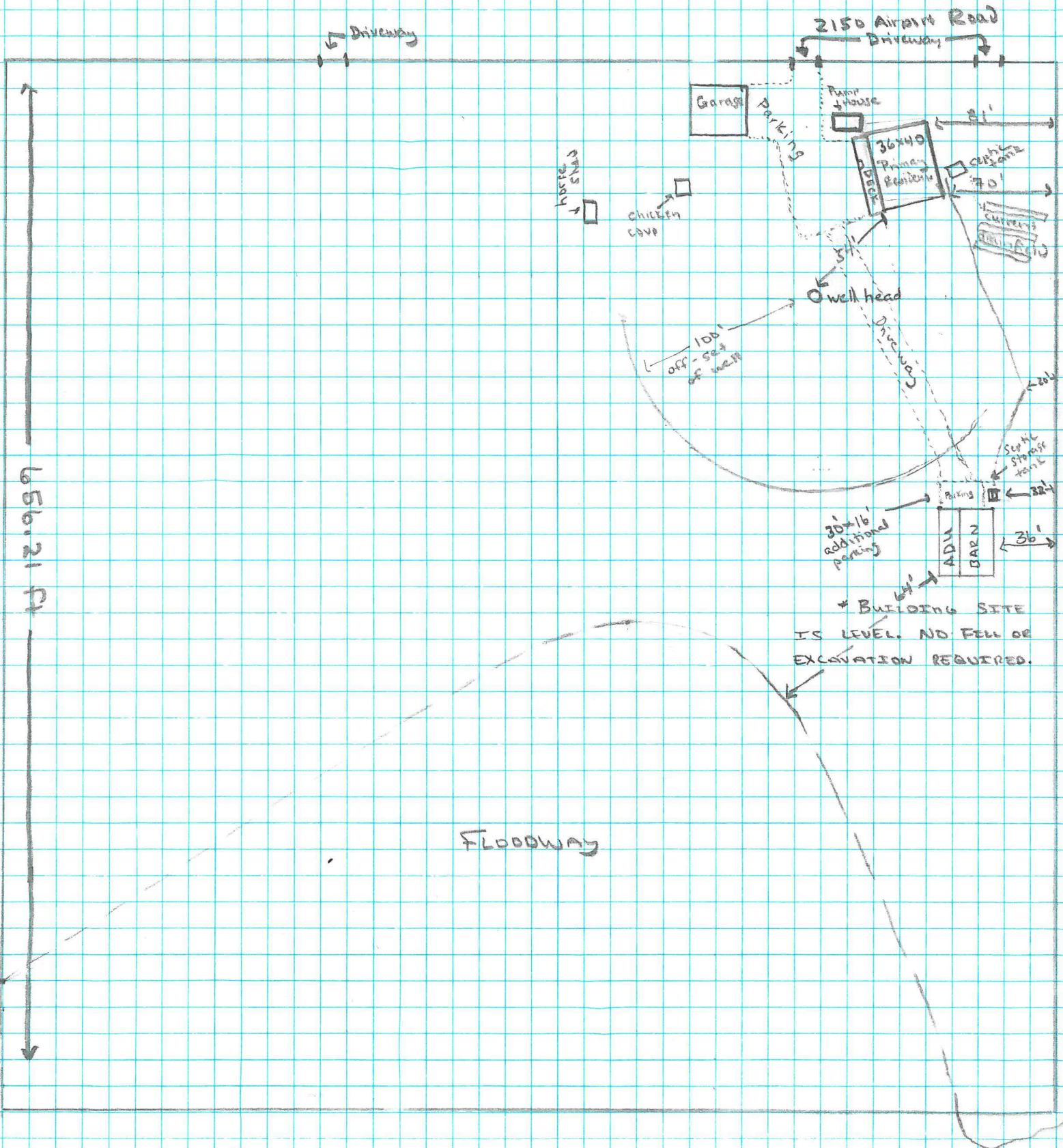
2/10/2010

Print Name JARED BRONKEMA

Properties Within 500' of 2150 Airport Road

RECORD COUNT: 19									
RECORD #	ACTIONS	PARCEL #	MAP #	ACRES REC	SITUS ADDRESS	OWNER NAME	MAILING ADDRESS		
1		515035	20-16-30040-0003	2		STATE OF WASH (DNR)	1111 WASHINGTON ST SE		
2		085035	20-16-31010-0002	10.46	02150 VAIRPORT RD CLE ELUM	BRONKEMA, JARED A ETUX			
3		095035	20-16-31010-0003	8.7	01990 VAIRPORT RD CLE ELUM	BATOR, ELSIE LIVING TRUST	% HANCOCK, PATRICIA A TRUST		
4		295035	20-16-31010-0004	10.01	VAIRPORT RD CLE ELUM	FUDACZ, GARY J ETUX			
5		105035	20-16-31010-0019	14.29	VAIRPORT RD CLE ELUM	FUDACZ BROS PARTNERSHIP			
6		736736	20-16-31010-0024	9.89	\SR 970 CLE ELUM	URIBE, JOHN ETUX			
7		375035	20-16-29000-0005	9.75	02491 VAIRPORT RD CLE ELUM	CURFEW, J CLYDE ETUX			
8		075035	20-16-31010-0001	20.35	02290 VAIRPORT RD CLE ELUM	STARCEVICH, JOSEPH M ETUX	TRUSTEES & BATOR, ANDREW V		
9		545035	20-16-30040-0007	2.29	02361 VAIRPORT RD CLE ELUM	WILLETTE, MICHAEL F			
10		954772	20-16-29054-0003	3	VAIRPORT RD CLE ELUM	FREDERICK, BRIAN ETUX			
11		325035	20-16-31010-0010	15	02413 \SR 970 CLE ELUM	WILLIAMSON, JAMES S ETUX			
12		745135	20-16-32000-0003	40	02660 VAIRPORT RD CLE ELUM	WILLETTE, THOMAS J.	%WILLETTES SHELL SERV.		
13		21299	20-16-32000-0061	3.01	UNKNOWN	E & I LEGACY, LLC	% G. BRENT OLSON		
14		21298	20-16-32000-0060	3.45	UNKNOWN	E & I LEGACY, LLC	% G. BRENT OLSON		
15		755135	20-16-32000-0004	3	UNKNOWN	E & I LEGACY, LLC	% G. BRENT OLSON		
16		765135	20-16-32000-0005	3	UNKNOWN	E & I LEGACY, LLC	% G. BRENT OLSON		
17		525035	20-16-30040-0004	132.65		CITY OF CLE ELUM			
18		033136	20-16-30052-0001	7.15	01741 VAIRPORT RD CLE ELUM	GAVIN, MICHAEL T ETUX			
19		535035	20-16-30040-0006	2.79	02311 VAIRPORT RD CLE ELUM	WILLETTE, THOMAS WAYNE			

BRONKEMA SITEMAP
w/ ADU



1 square = 16 feet

BR IKEMIA'S SITE PLAN WI DRAINFIELD DESIGN

BRUNSMAN'S
AS BUILT

New Well

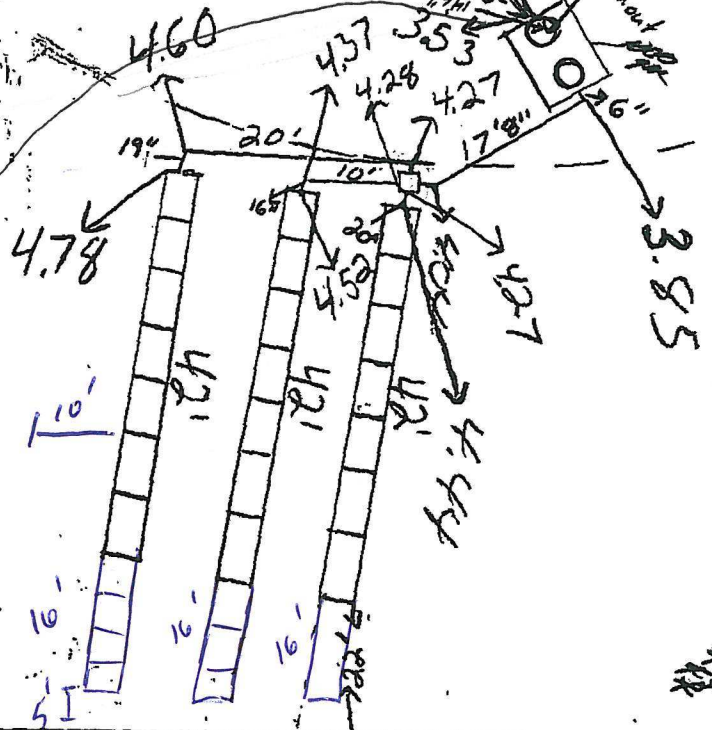
Old Well

3 Bed Room House

Airport Rd

100' off set of well

100' off set of new well

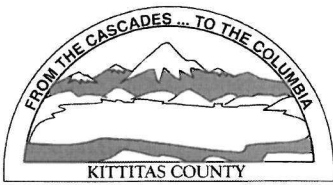


Property Line

N

500' + neighbors well





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

RECEIPT NO.: 00007001

COMMUNITY DEVELOPMENT SERVICES
(509) 962-7506

PUBLIC HEALTH DEPARTMENT
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS
(509) 962-7523

Account name: 021811

Date: 2/16/2010

Applicant: BRONKEMA, JARED A ETUX

Type: check # 2074

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
AU-10-00001	ADMINISTRATIVE USE FEE	1,000.00
	Total:	1,000.00