

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"

ACCESSORY DWELLING UNIT PERMIT APPLICATION

(Proposing an Accessory Dwelling Unit, per Kittitas County Code 17.08.022, when ADU is located outside an Urban Growth Area)

Please type or print clearly in ink. Attach additional sheets as necessary. Pursuant to KCC 15A.03.040, 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

- 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.
- Completed application for a Conditional Use Permit, including fees.
- Project Narrative responding to Questions 9-13 on the following pages.

APPLICATION FEES:*

* FEES BASED ON ADMINISTRATIVE USE PERMIT

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1000.00	Kittitas County Community Development Services (KCCDS) (SEPA exempt)
0.00	Kittitas County Department of Public Works
0.00	Kittitas County Fire Marshal

\$1000.00 Total fees due for this application (One check made payable to KCCDS)

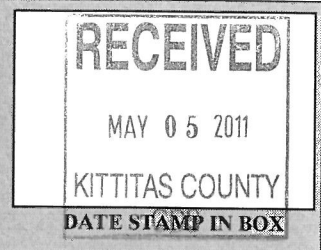
FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

SM

DATE: 5/5/11

RECEIPT # 10905



GENERAL APPLICATION INFORMATION

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

Name: Teressa M Hansen
Mailing Address: 430 Klocke Rd
City/State/ZIP: Ellensburg WA 98926
Day Time Phone: 509.962.6362
Email Address: mstarihansen@aol.com

2. **Name, mailing address and day phone of authorized agent, if different from landowner of record:**
If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

Agent Name: N/A
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

3. **Name, mailing address and day phone of other contact person**
If different than land owner or authorized agent.

Name: N/A
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

4. **Street address of property:**

Address: 430 Klocke Rd
City/State/ZIP: Ellensburg WA 98926

5. **Legal description of property (attach additional sheets as necessary):**

SEC 20 TWP. 18, RGE. 18; PTN. SW 1/4 NW 1/4 (LOT 1, B29/P8)

6. **Tax parcel number:** 18-18-20020-0004

7. **Property size:** 10 (acres)

8. **Land Use Information:**

Zoning: _____ Comp Plan Land Use Designation: _____

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

- 9. **Narrative project description (include as attachment):** Please include at minimum 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.
- 10. **Describe how this proposal meets the criteria of 17.60B.050 for Administrative Uses.**
- 11. **Describe the development existing on the subject property and associated permits.** List permit numbers if know. (i.e. building permits, access permits, subdivisions)
- 12. **Name the road(s) or ingress/egress easements that provide legal access to the site.**
- 13. **An Accessory Dwelling Unit is allowed only when the following criteria are met.** Please describe in detail how each criteria found in KCC 17.08.022 is met for this particular project:
 - A. ADU's shall be allowed as a permitted use within designated Urban Growth Areas .
 - B. ADU's shall be subject to obtaining an Administrative Use permit in areas outside Urban Growth Areas .
 - C. There is only one ADU on the lot.
 - D. The owner of the property resides in or will reside in either the primary residence or the ADU.
 - E. The ADU does not exceed the square footage of the habitable area of primary residence.
 - F. The ADU is designed to maintain the appearance of the primary residence.
 - G. The ADU meets all the setback requirements for the zone in which the use is located. .
 - H. The ADU has or will meet the applicable health department standards for potable water and sewage disposal.
 - I. No mobile homes or recreational vehicles shall be allowed as an ADU.
 - J. The ADU has or will provide additional off-street parking.
 - K. The ADU is not located on a lot in which a Special Care Dwelling or an Accessory Living Quarter already exists.

AUTHORIZATION

- 14. 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 transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.

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

Date:

X _____

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

Date:

X Aeresa Nansen

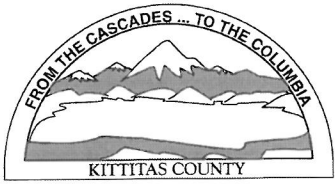
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I would like to place a manufactured home on my lot. Currently there is an old rambler farm house built pre 1940's, a barn and a shop. The property access is off Klocke road. The ADU will be hooked up to its own septic system and we will utilize a shared well. The ADU will meet the criteria in the zoning code.

Cheresa Hansu





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

RECEIPT NO.: 00010905

COMMUNITY DEVELOPMENT SERVICES
(509) 962-7506

PUBLIC HEALTH DEPARTMENT
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS
(509) 962-7523

Account name: 022981

Date: 5/5/2011

Applicant: HANSEN, TERESA MAY

Type: cash

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
AU-11-00002	ADMINISTRATIVE USE FEE	1,000.00
	Total:	1,000.00