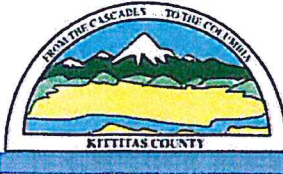


RECEIVED



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"

REZONE APPLICATION

(For requested amendments to the zoning map, KCC 17.98 & KCC 15B.03)

A pre-application meeting is required for this permit. To schedule a pre-application meeting, complete and submit a "Pre-Application Meeting Scheduling Form" to CDS. Notes or summaries from pre-application meetings should be included with this application.

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.

REZONE TYPES

Please check the box next to the type of rezone this application is requesting:

Site-specific rezone*



General rezone using docketing process*

*Rezone requests for Planned Unit Developments (PUDs), must use the PUD application form.

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.
SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
Legal description of property to be reclassified
Requested Zone Change: from URBAN RESIDENTIAL to LIGHT INDUSTRIAL
Project Narrative responding to Questions 9-11 on the following pages.

APPLICATION FEES:

3,335.00 Kittitas County Community Development Services (KCCDS)
300.00 Kittitas County Department of Public Works
130.00 Kittitas County Fire Marshal

\$3,765.00 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

[Handwritten signature]

DATE:

6/19/14

RECEIPT #

21053

PAID

JUN 19 2014

KITTITAS CO. CDS

DATE STAMP IN BOX

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

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: MTA Holdings LLC, C/O Steve Gordon, Anderson Hay and Grain Inc.
Mailing Address: PO Box 99
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: (509) 925-9818
Email Address: steve.gordon@anderson-hay.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: Cassandra Moore, Grette Associates, LLC.
Mailing Address: 2102 N 30th Street, Suite A
City/State/ZIP: Tacoma, WA, 98403
Day Time Phone: (253) 573-9300
Email Address: cassandram@gretteassociates.com

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

Name: Nathan Mirro, Anderson Hay and Grain Inc.
Mailing Address: PO Box 99
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: (509) 962-0630
Email Address: nathan.mirro@anderson-hay.com

4. **Street address of property:**

Address: Refer to Application Attachment A: Rezone Property Summary
City/State/ZIP: _____

5. **Legal description of property (attach additional sheets as necessary):**
Refer to Application Attachment B: Legal Description of Property

6. **Tax parcel number:** Refer to Application Attachment A: Rezone Property Summary

7. **Property size:** total area included in the rezone is approximately 26 acres including ROW and outstanding parcel zoning issue (acres)

8. **Land Use Information:**

Zoning: Urban Residential Comp Plan Land Use Designation: Urban Residential (Ellensburg)

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 will provide for the transfer of any required transferrable development rights:** According to KCC 17.98.020.7.h, petitions for rezones must comply with KCC 17.13 Transfer of Development Rights. Development rights must be transferred to the rezone area at a rate proportionate to the size of the project area (see 17.13.080.6). These rights must be transferred prior to final approval. Please describe how this requirement will be met by the proposed rezone.

- 11. **Applicant for rezone must demonstrate that the following criteria are met (attach additional sheets as necessary):**
 - A. The proposed amendment is compatible with the comprehensive plan.
 - B. The proposed amendment bears a substantial relation to the public health, safety or welfare.
 - C. The proposed amendment has merit and value for Kittitas County or a sub-area of the county.
 - D. The proposed amendment is appropriate because of changed circumstances or because of a need for additional property in the proposed zone or because the proposed zone is appropriate for reasonable development of the subject property.
 - E. The subject property is suitable for development in general conformance with zoning standards for the proposed zone.
 - F. The proposed amendment will not be materially detrimental to the use of properties in the immediate vicinity of the subject property.
 - G. The proposed changes in use of the subject property shall not adversely impact irrigation water deliveries to other properties.
 - H. The proposed amendment is in full compliance with Chapter 17.13 KCC, Transfer of Development Rights.

AUTHORIZATION

- 12. 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

6/17/2014

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

Date:

X

6/18/14