

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 preapplication conference is REQUIRED per KCC 15A.03.020 for this permit. The more information the County has early in the development process, the easier it is to identify and work through issues and conduct an efficient review. To schedule a preapplication conference, complete and submit a Preapplication Conference Scheduling Form to CDS. Notes or summaries from preapplication conference 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.

DEZONE TYPE

	REZUNE	TPES	
Please check the box ne	ext to the type of rezone this application is	requesting:	
☐ Site-specific rezone	e*	General rezone using docket	ting process*
*Rezone requests for Pl	lanned Unit Developments (PUDs), must	use the PUD application form.	
	REQUIRED ATT	ACHMENTS	
drainfield replacem SEPA Checklist (if Legal description o Requested Zone Ch	roperty with all proposed buildings, point area, areas to be cut and/or filled, natural finot exempt per KCC 15.04 or WAC 197-of property to be reclassified thange: from <u>Forest and Range</u> esponding to Questions 9-11 on the follow	to Rural 5	11' 1'CC 4
			OL to take
	APPLICATIO	N FEES:	OL to take in - fm
\$1,635.00 Kittitas	s County Community Development Serviors S County Department of Public Works S County Fire Marshal	ces (KCCDS)	8/2/19
\$5,195.00 Total	fees due for this application (One check	made payable to KCCDS)	Z -
	FOR STAFF U	SE ONLY	E P
Application Received	By CDS Staff Signature): DATE: 8-2-19	RECEIPT #	A G 0 2 2019 Aitting County CD

GENERAL APPLICATION INFORMATION

r.	Landowner(s) signature(s) required on application form.
	Name:
	Mailing Address:
	City/State/ZIP: See Attached
	Day Time Phone:
	Email Address:
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:
	Mailing Address:
	City/State/ZIP: See Attached
	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:
	Mailing Address:
	City/State/ZIP: See Attached
	Day Time Phone:
	Email Address:
4.	Street address of property:
	Address: See Attached
	City/State/ZIP:
5.	Legal description of property (attach additional sheets as necessary):
	See Attached
6.	Tax parcel number: DCC AttaCIICU
7.	Property size:(acres)
8.	Land Use Information: See Attached
	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 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

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 /m	8-2-19	
Signature of Land Owner of Record (Required for application submittal):	Date:	
x Cumil Fig.	8-2-19	
Dayna Sign		

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: DK PROFESSIONAL CONSULTANTS INC

Mailing Address: 304 WEST FIRST ST

Day Time Phone: 509-260-0462

City/State/ZIP:

Email Address: PAT@PATRICKDENEEN.COM

2. Name, mailing address and day phone of authorized agent, if different from landowner of record:

CLE ELUM, WA 98922

If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

Agent Name: PAT DENEEN

Mailing Address: SAME AS ABOVE
City/State/ZIP: SAME AS ABOVE
Day Time Phone: SAME AS ABOVE
Email Address: SAME AS ABOVE

3. Name, mailing address and day phone of other contact person

If different than land owner or authorized agent.

Name: SAME AS ABOVE
Mailing Address: SAME AS ABOVE
City/State/ZIP: SAME AS ABOVE
Day Time Phone: SAME AS ABOVE
Email Address: SAME AS ABOVE

4. Street address of property: THERE IS NO STREET ADDRESS

Address: N/A

City/State/ZIP: CLE ELUM, WA. 98922

5. Legal description of property (attach additional sheets as necessary): PLEASE SEE EXHIBIT 1

6. Tax parcel number: PROPERTY A – 17961 PROPERTY B - 17918

7. Property size: PROPERTY A – 21 ACRES - PROPERTY B – 21 ACRES

8. Land Use Information:

THE CURRENT ZONING AND COMP PLAN DESIGNATION

Zoning: FOREST AND RANGE Comp Plan Land Use Designation: RURAL WORKING

LAND

THIS APPLICATION IS BEING SUBMITTED TO ACCOMPANY A COMP PLAN MAP CHANGE WHICH WOULD CHANGE THE PARCELS FROM RURAL WORKING LANDS TO RURAL RESIDENTIAL LANDS.