

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506

"Building Partnerships - Building Communities"

COMPREHENSIVE PLAN AMENDMENTS DOCKETING

COMPREHENSIVE PLAN AMENDMENTS DUCKETING				
(Proposing a text or map amendment as part of annual docketing, pursuant to KCC 15A.10 and KCC 17.98)				
CHECK THE APPROPRIATE BOX(ES) SHOWING WHICH TYPE OF AMENDMENT IS REQUESTED:				
COMP PLAN MAP X COMP PLAN TEXT				
NOTE: If the amendment you are applying for is within an URBAN GROWTH AREA or you are proposing a UGA expansion of the Ellensburg, Cle Elum, or Roslyn UGA you are required to docket your item with that City as well. You must contact the appropriate City for filing deadlines, fees, application, and costs.				
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 the following features (as applicable): all 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)				
Project Narrative responding to Questions 9-12 on the following pages.				
APPLICATION FEES:				
\$3,240.00 TEXT AMENDMENT: Kittitas County Community Development Services (KCCDS) -OR- \$3,530.00 MAP AMENDMENT: Kittitas County Community Development Services (KCCDS) \$600.00 SEPA Checklist: Kittitas County Community Development Services (KCCDS) Total fees due for this application (One check made payable to KCCDS)				
FOR STAFF USE ONLY				
Application Received By (CDS Staff Signature): DATE: DATE: CO22-02101 JUN 2-3-2022				
Kittitas County CDS DATE STAMP IN BOX				

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:	Fiorito Brothers Inc.			
	Mailing Address:	1110 NW Ballard Way			
	City/State/ZIP:	Seattle, WA 98107			
	Day Time Phone:	206- 789 -6110			
	Email Address:	randy@fioritobrothers.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:	Joshua Brower			
	Mailing Address:	1111 Third Ave, Suite 3000			
	City/State/ZIP:	Seattle, WA 98101			
	Day Time Phone:	206-498-1804			
	Email Address:	josh@browerlawps.com			
3.		s and day phone of other contact person oner or authorized agent.			
	Name:				
	Mailing Address:				
	City/State/ZIP:				
	Day Time Phone:				
	Email Address:				
4.	Street address of prop	erty:			
	Address:	No. 6 Road			
	City/State/ZIP:	Ellensburg, WA 98296			
5.	Legal description of pi PTN SE1/4 (PTN PARCEL E2, B21/P Comment: BLA WITH 17-19-29000-00	roperty (attach additional sheets as necessary): 208-210]; SEC 30, TWP 17, RGE 19 227, 17-19-30010-0009, 17-19-30040-0005			
6.	Tax parcel number:	Tax parcel number: 12311			
7.	Property size: 27.20		(acres)		
8.	Land Use Information	:			
	Zoning: AG 20	Comp Plan Land Use Designation: Rural	Working		

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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_Joshua Brower	06/22/2022	
Signature of Land Owner of Record (Required for application submittal):	Date:	
x Rt word President	6/22/2022	