



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"

September 25, 2015

Ninon Wheatley
PO Box 102
Thorp, WA 98946

via email: nwheat@fairpoint.net

RE: Deem Incomplete: Wheatley Zoning Conditional Use Permit (CU-15-00003)

Dear Applicant,

On September 1, 2015 Kittitas County Community Development Services (CDS) received your application packet for the above Zoning Conditional Use Permit (CU). The application packet as submitted has been deemed **incomplete** by CDS until such time as the following is submitted:

- i. *The CU application must have the land owner information listed and signature of the land owner prior to processing of the application.*
 - a. *Kittitas County Assessor records indicate that Antoinette Stroscher is the legal owner of the property.*
 - b. *I have included with this letter a copy of the general information page. Please fill out the land owner information on question 3 on page 2 and return the original copy back to CDS.*
 - c. *I have also included with this letter a copy of the signature page. Please have Ms. Stroscher sign "signature of Land Owner of Record" line and return the original copy back to CDS.*

As per [KCC 15A.03.040 \(1\)\(b\)](#):

"... An incomplete application shall expire after 180 calendar days unless the requested supplemental information is submitted in complete form."

The requested material will need to be submitted to KCCDS on or before **March 23, 2016 at 5:00 pm** (180 days), in order to keep this application active. KCCDS's review will commence when all additional information is received. *The application will be processed under all codes in effect at the time a complete application is received by KCCDS.*

Please feel free to contact me should you have any questions, comments, or concerns.

Sincerely,

Lindsey Ozbolt

Planner II

(509)962-7637

lindsey.ozbolt@co.kittitas.wa.us

GENERAL APPLICATION INFORMATION

1. Name, mailing address and day phone of land owner(s) of record:

Landowner(s) signature(s) required on application form.

AMO

Agent

Name: Ninon Wheatley

Mailing Address: PO Box 102

City/State/ZIP: Thorp, Wa 98946

Day Time Phone: 509-964-2520

Email Address: nwheat@fairpoint.net

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: _____

Day Time Phone: _____

Email Address: _____

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

If different than land owner or authorized agent.

AMO

Name: _____

Mailing Address: _____

City/State/ZIP: _____

Day Time Phone: _____

Email Address: _____

4. Street address of property:

Address: 9201 N. Thorp Hwy

City/State/ZIP: Thorp, Wa 98946

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

6. Tax parcel number: 583233

7. Property size: 5 Acres (acres)

8. Land Use Information:

Zoning: Ag 20

Comp Plan Land Use Designation: Rural

9. Proposed Water System (as defined by KCC 13.03) NOTE: Show location of water system on site plan.

Group A Group B Individual Shared Cistern Other: _____

PROJECT NARRATIVE

Include responses as an attachment to this application

- 10. **Narrative project description (include as attachment):** Please include at minimum the following information in your description: describe project size, location, description of water system, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- 11. **Provision of the zoning code applicable:** 17.08.255A, 17.08.032, 17.08.034A 17.15.060,
- 12. **A conditional use or administrative conditional use permit may be granted when the following criteria are met. Please describe in detail how each criteria from KCC 17.60A.015 is met for this particular project (attach additional sheets as necessary):**
 - A. The proposed use is essential or desirable to the public convenience and not detrimental or injurious to the public health, peace, or safety or to the character of the surrounding neighborhood.
 - B. The proposed use at the proposed location will not be unreasonably detrimental to the economic welfare of the county and that it will not create excessive public cost for facilities and services by finding that:
 - i. It will be adequately serviced by existing facilities such as highways, roads, police and fire protection, irrigation and drainage structures, refuse disposal, water and sewers, and schools; or
 - ii. The applicant shall provide such facilities; or
 - iii. The proposed use will be of sufficient economic benefit to offset additional public costs or economic detriment.
 - C. The proposed use complies with relevant development standards and criteria for approval set forth in this title or other applicable provisions of Kittitas County Code.
 - D. The proposed use will mitigate material impacts of the development, whether environmental or otherwise.
 - E. The proposed use will ensure compatibility with existing neighboring land uses.
 - F. The proposed use is consistent with the intent and character of the zoning district in which it is located.
 - G. For conditional uses outside of Urban Growth Areas, the proposed use:
 - i. Is consistent with the intent, goals, policies, and objectives of the Kittitas County Comprehensive Plan, including the policies of Chapter 8, Rural and Resource Lands;
 - ii. Preserves "rural character" as defined in the Growth Management Act (RCW 36.70A.030(15));
 - iii. Requires only rural government services; and
 - iv. Does not compromise the long term viability of designated resource lands.

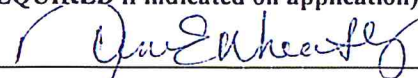
AUTHORIZATION

- 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 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 

8-27-15

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

Date:

X _____
