



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, W A 98926
CDS@CO.KITTITAS.WA.US
Office (509) 962-7506
Fax (509) 962-7682

"Building Partnerships - Building Communities"

PREAPPLICATION CONFERENCE APPLICATION & MEETING SUMMARY

(To be completed for each Preapplication Conference)

Please type or print clearly in ink. A preapplication conference is required prior to submittal of a building permit for any commercial or multi-family project (not including 2-family dwellings) and for certain land use applications per KCC 15A.03.020. The following items must be attached to the application packet and is required to be submitted prior to scheduling of the preapplication conference.

REQUIRED ATTACHMENTS

- (J) A scaled site plan showing lot area, proposed/existing buildings, setbacks, points of access, roads, parking areas, water system components, septic tank, drainfield, drainfield replacement area, areas to be cut and/or filled, and natural features (i.e. contours, streams, gullies, cliffs, etc.)
- (J) Floor plan with minimum labeling to include uses of rooms, dimensions, plumbing & mechanical fixtures (if proposing structures other than residential and accessory)

GENERAL APPLICATION INFORMATION

APPLICATION FEES

\$355.00 Kittitas County Community Development Services (KCCDS)

\$145.00 Kittitas County Environmental Health

\$500.00 Fees due for this application

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

DATE:

RECEIPT #

DATE STAMP IN BOX

COMMUNITY PLANNING' BUILDING INSPECTION' PLAN REVIEW' ADMINISTRATION' PERMIT SERVICES' CODE ENFORCEMENT

FORM LAST REVISED:1-26-16

Page 1 of 6

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

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

Name: Easton Ridge Land Company, Inc.
Mailing Address: P O Box 687
City/State/ZIP: Roslyn, WA 98941
Day Time Phone: 509-649-2011
Email Address:

3. 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: Martens Enterprises, LLC
Mailing Address: P O Box 458
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: 509-674-7271
Email Address: jerry@martensllc.com

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

If different than land owner or authorized agent.

Name: Jerry Martens
Mailing Address: P O Box 458
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: 674-7271
Email Address: jerry@martensllc.com

4. Street address of property:

Address: Off Sparks Road
City/State/ZIP: Easton, WA 98925

5. Tax parcel number: See attached sheet _____

6. Property size: _____ (acres)

7. Land Use Information:

Zoning: see attached map _____ **Comp Plan Land Use Designation:** see attached map

8. 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: Kittitas Water Distr. #3

9. Proposed Sewage Disposal: community engineered system (LOSS) _____

10. List any Buildings or Structures including sq. ft. & no. of stories proposed: **see attached narrative** _____

11. Proposed Project Name: **Marian Meadows Estates** _____

12. Type of proposed project (circle one):

Cluster/Conservation Plat	Planned Unit Development	Master Planned Resort	Conditional Use Permit
Shoreline Permit	Rezone	Preliminary Plat over nine (9) lots	Commercial Building

PROJECT NARRATIVE

Include responses as an attachment to this application

13. **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, proposed buildings or structures, proposed uses for the project and all qualitative features of the proposal; include every element of the proposal in the description.

14. **Provision of the zoning code** applicable: **Forest and Range – Residential 5, see narrative** _____

AUTHORIZATION

15. 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.

AU 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 _____

FOR STAFF USE ONLY

Date of Pre-Application Meeting: _____ Time: _____

Pre-application meetings are scheduled typically on Wednesdays.

List persons present at pre-app meeting:

Meeting Moderator: _____

To be present at each pre-app:

1. CDS representative (planning): _____
2. CDS representative (building): _____
3. Fire Marshal representative: _____
4. Public Works representative: _____
5. Environmental Health representative (water): _____
6. Environmental Health representative (sewer): _____
7. Others present: _____

Present at pre-app for project: (attach business cards if available)

Applicant: _____
Application phone: _____
Application email: _____

Applicant authorized agent (if applicable):

Applicant authorized agent phone:

Applicant authorized agent email:

Others present for applicant:

**The Kittitas County Community Development Services Department does not guarantee a parcel eligible for development until such time as a complete and accurate application is submitted. Further analysis may be conducted at the time of permit application.*

Items/issues/concerns/questions discussed (To be filled in by staff during preapplication conference):

1. Planning/Land Use

Critical Areas conducted _____ SEPA, _____

2. Building

Type of Building (res., comm., etc.): _____ Building Use classification: _____

3. Fire

Located within Fire District # _____ (if applicable)

4. Public Works

Proposed access: _____

5. Environmental Health (water)

Proposed water supply: _____

6. Environmental Health (sewer)

Proposed sewer disposal: _____

7. Others present (if applicable)