

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

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Office (509) 962-7506

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"Building Partnerships - Building Communities"

SX-16-00007

SHORELINE EXEMPTION PERMITTING

(For projects located within 200 feet of a body of water and/or associated floodway and wetlands under the jurisdiction of the Shoreline Master Program)

REQUIRED INFORMATION / ATTACHMENTS

- A scaled site plan is required showing location of all structures, driveways, well, septic, fences, etc. and proposed uses and distances from property lines, river, and Horizontal distance from OHWM. To show the Horizontal distance a profile view from the OHWM to the edge of structure/activity shall also be shown.
- Include JARPA or HPA forms *if required* for your project by a state or federal agency.
- SEPA Checklist, if not exempt per WAC 197-11-800.

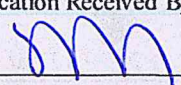

Please note a Shoreline Variance or Shoreline Conditional Use Permit may also be required. See Kittitas County Shoreline Master Program

APPLICATION FEES:

* \$830.00 Fees due for this application when SEPA is not required (One check made payable to KCCDS)

\$1500.00 Fees due for this application when SEPA is required (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): 	DATE: <u>4-5-16</u>	RECEIPT # <u>29449</u>	

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: DAVE HURWITZ

Mailing Address: 18449 196th AVE SE

City/State/ZIP: RENTON, WA, 98058

Day Time Phone: 425-503-2178

Email Address: SLEDHEAD.^{JNK}~~DAVE~~@COMCAST.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: SAME AS OWNER

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.

Name: _____

Mailing Address: _____

City/State/ZIP: _____

Day Time Phone: _____

Email Address: _____

4. Street address of property:

Address: 341 TEANAWAY TERRACE RD

City/State/ZIP: CLIE ELUM, WA 98922

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

SEC 25, TWP 20, RGE 16, PTN SW 1/4 (LOT A-22, SURVEY # 508886)

6. Tax parcel number(s): 158336 / MAP 20-14-25000-0031

7. Property size: 6.09 (acres)

8. Provide section, township, and range of project location:

1/4 Section 5W Section 25 Township 20 N. Range 16 E., W.M.

9. Latitude and longitude coordinates of project location (e.g. 47.03922 N lat. / -122.89142 W long.):
LATITUDE = 47.193927, LONGITUDE = 120.786276 [use decimal degrees – NAD 83]

10. Type of Ownership: (check all that apply)

- Private Federal State Local Tribal

11. Land Use Information:

Zoning: FOREST AND RANGE ZONE Comp Plan Land Use Designation: 17.56

12. Shoreline Designation: (check all that apply)

- Urban Conservancy Shoreline Residential Rural Conservancy
 Natural Aquatic

13. Requested Shoreline Exemption per WAC 173.27.040: 2g

14. Fair Market Value of the project, including materials, labor, machine rentals, etc. \$160,000

15. Anticipated start and end dates of project construction: Start APRIL 2016 End APRIL 2017

Project Description

16. Briefly summarize the purpose of the project:

SMALL REMODEL / ADDITION TO EXISTING RESIDENCE.
ORIGINAL RESIDENCE BUILT IN 1993.

17. What is the primary use of the project (e.g. Residential, Commercial, Public, Recreation)?

RESIDENTIAL

18. What is the specific use of the project (e.g. single family home, subdivision, boat launch, restoration project)?

SINGLE FAMILY RESIDENCE

Vegetation

19. Will the project result in clearing of tree or shrub canopy? (check one)

- Yes No

If 'Yes', how much clearing will occur? 2 TREES NEXT TO BUILDING (square feet and acres)

20. Will the project result in re-vegetation of tree or shrub canopy? (check one)

- Yes No

If 'Yes', how much re-vegetation will occur? _____ (square feet and acres)

Wetlands

21. Will the project result in wetland impacts? (check one)

- Yes No

If 'Yes', how much wetland will be permanently impacted? _____ (square feet and acres)

22. Will the project result in wetland restoration? (check one)

Yes No

If 'Yes', how much wetland will be restored? _____ (square feet and acres)

Impervious Surfaces

23. Will the project result in creation of over 500 square feet of impervious surfaces? (check one)

Yes No

If 'Yes', how much impervious surface will be created? _____ (square feet and acres)

~~24. Will the project result in removal of impervious surfaces? (check one)~~

~~Yes No~~

~~If 'Yes', how much impervious surface will be removed? _____ (square feet and acres)~~

Shoreline Stabilization

25. Will the project result in creation of structural shoreline stabilization structures (revetment/bulkhead/riprap)?

(Check one) Yes No

If 'Yes', what is the net linear feet of stabilization structures that will be created? _____

26. Will the project result in removal of structural shoreline stabilization structures (revetment/bulkhead/riprap)?

(Check one) Yes No

If 'Yes', what is the net linear feet of stabilization structures that will be removed? _____

Levees/Dikes

27. Will the project result in creation, removal, or relocation (setting back) of levees/dikes?

(check one) Yes No

If 'Yes', what is the net linear feet of levees/dikes that will be created? _____

If 'Yes', what is the net linear feet of levees/dikes that will be permanently removed? _____

If 'Yes', what is the linear feet of levees/dikes that will be reconstructed at a location further from the OHWM? _____

Floodplain Development

28. Will the project result in development within the floodplain? (check one)

Yes No

If 'Yes', what is the net square feet of structures to be constructed in the floodplain? _____

**Note: A floodplain development is required per KCC 14.08; please contact Kittitas County Public Works*

29. Will the project result in removal of existing structures within the floodplain? (check one)

Yes

No

If 'Yes', what is the net square footage of structures to be removed from the floodplain? _____

Overwater Structures

30. Will the project result in construction of an overwater dock, pier, or float? (check one)

Yes

No

If 'Yes', how many overwater structures will be constructed? _____

What is the net square footage of water-shading surfaces that will be created? _____

31. Will the project result in removal of an overwater dock, pier, or float? (check one)

Yes

No

If 'Yes', how many overwater structures will be removed? _____

What is the net square footage of water-shading surfaces that will be removed? _____

Summary/Conclusion

32. Will the proposed use be consistent with the policies of RCW 90.58.020 and the Kittitas County Shoreline Master Program? (attach additional sheets if necessary)

Yes

No

Please explain:

PUBLIC WILL STILL HAVE ACCESS TO THE TEANAWAY RIVER IN THE SAME MANNER THEY HAVE ACCESS TO THE RIVER TODAY. THIS REMODEL HAS NO NEGATIVE AFFECT ON THE SHORELINE.

33. Provide any additional information needed to verify the project's impacts to shoreline ecological functions: (attach additional sheets and relevant reports as necessary)

NO IMPACT TO THE TEANAWAY RIVER SHORELINE. EXISTING SINGLE FAMILY RESIDENCE IS 150'+ FEET FROM OHWM. REMODEL PROJECT WILL REMAIN FAR AWAY FROM THE SHORELINE WITHIN THE 115'-200' BUFFER.

Authorization

34. 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 Don [Signature]

3/30/16

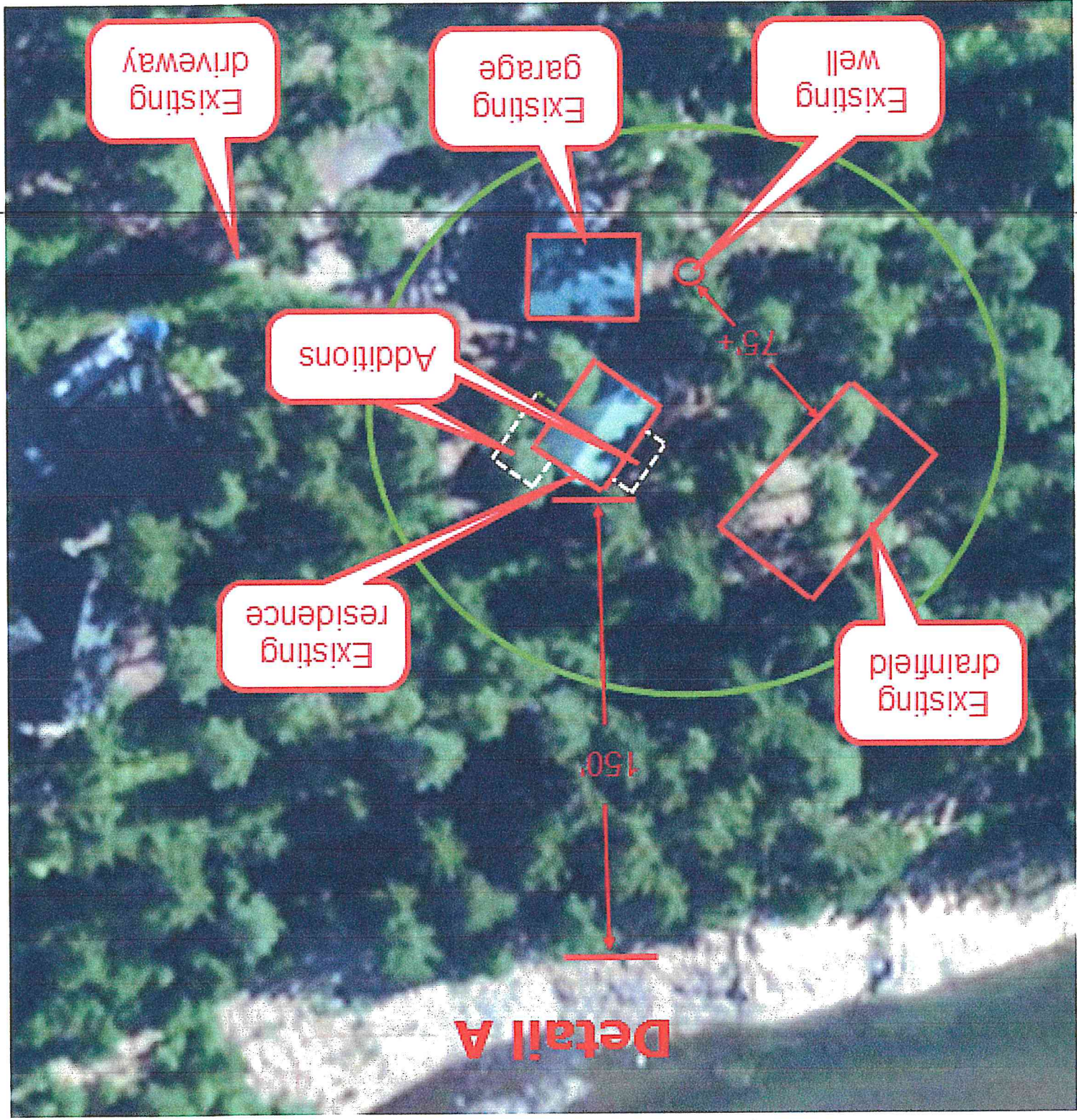
Signature of Land Owner of Record
(Required for application submittal):

Date:

X Don [Signature]

3/30/16

Detail A



Existing driveway

Existing garage

Existing well

Additions

Existing residence

Existing drainfield

150'

75'

RECEIVED
APR 05 2016
KITITAS COUNTY
CDS