

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"

SX-17-00005

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. *Yes*
- SEPA Checklist, if not exempt per WAC 197-11-800. *Yes*


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: 3/17/17	RECEIPT # 3325	RECEIVED MAR 17 2017 Kittitas County DATE STAMP IN BOX
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COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

830.00

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: Jon & Cindy Bafus
Mailing Address: 15022 SE 65th Street
City/State/ZIP: Belleue WA
Day Time Phone: 206-369-2134(M) 425-641-5075(H)
Email Address: Jonbafus@gmail.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: Kim Person
Mailing Address: 680 Lambert Rd
City/State/ZIP: Cle Elum WA 98922
Day Time Phone: 425-577-3082
Email Address: Kim.person@live.com

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: 1230 ~~B~~ Pebble Beach
City/State/ZIP: Cle Elum WA 98922

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

Lot 16, Sun Country Estates, Division III of
plat recorded Vol #5, of Plat, Reg. 52, 54, 55, records of Kittitas County,

6. Tax parcel number(s): 20-14-35032-0016 043234

7. Property size: .22 acres (acres)

Project Description

1. Briefly summarize the purpose of the project:

Remove & Replace concrete Sonotubes & Footings
NO REMODEL OR REPLACEMENT OF STRUCTURE IS PROPOSED *AKP*

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

Residence 1

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

Single Family

4. Fair Market Value of the project, including materials, labor, machine rentals, etc. _____

5. Anticipated start and end dates of project construction: Start April 2017 End June 2017

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:

Date:

(REQUIRED if indicated on application)

X Alan K Person _____

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

Date:

X _____

FOR STAFF USE ONLY

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

NE ¼ Section SE 1/4 Section 35 Township 20 N. Range 14 E., W.M.

2. Latitude and longitude coordinates of project location (e.g. 47.03922 N lat. / -122.89142 W long.):

47.175 N / 121.0678 W [use decimal degrees – NAD 83]

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

Private Federal State Local Tribal

4. Land Use Information:

Zoning: Rural 5 Comp Plan Land Use Designation: Rural Residential

5. Shoreline Designation: (check all that apply)

Urban Conservancy Shoreline Residential Rural Conservancy
 Natural Aquatic

6. Requested Shoreline Exemption per WAC 173.27.040:

2,B Normal Repair/Maintenance

Vegetation

7. Will the project result in clearing of tree or shrub canopy?

Yes No

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

8. Will the project result in re-vegetation of tree or shrub canopy?

Yes No

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

Wetlands

9. Will the project result in wetland impacts?

Yes No

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

10. Will the project result in wetland restoration?

Yes No

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

Impervious Surfaces

11. Will the project result in creation of over 500 square feet of impervious surfaces?

Yes No

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

12. Will the project result in removal of impervious surfaces?

Yes No

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

Shoreline Stabilization

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

Yes No

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

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

Yes No

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

Levees/Dikes

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

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

16. 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*

The proposed project will replace damaged structural footings supporting a cabin and deck. The structures (deck and cabin) will be raised 42" but otherwise remain unchanged. The height adjustment will be done via taller footing replacments.

17. 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

18. 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? _____

19. 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

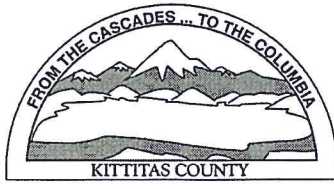
20. Will the proposed use be consistent with the policies of RCW 90.58.020 and the Kittitas County Shoreline Master Program? (attach additional sheets if necessary)

- Yes No

Please explain:

The project, as stated, would be consistent with both RCW 90.58.020 and the Kittitas County Shoreline Master Program. The project includes removal and replacement of old foundation footings that support a deck and cabin area. The project also states that the new structural footings will be taller resulting in a 42" overall increase to the current height of both the cabin and deck. The project appears compliant with SMP code 7.3(2)(b)

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



KITTITAS COUNTY PERMIT CENTER
411 N. RUBY STREET, ELLENSBURG, WA 98926

RECEIPT NO.: 00033128

COMMUNITY DEVELOPMENT SERVICES
(509) 962-7506

PUBLIC HEALTH DEPARTMENT
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS
(509) 962-7523

Account name: 027288

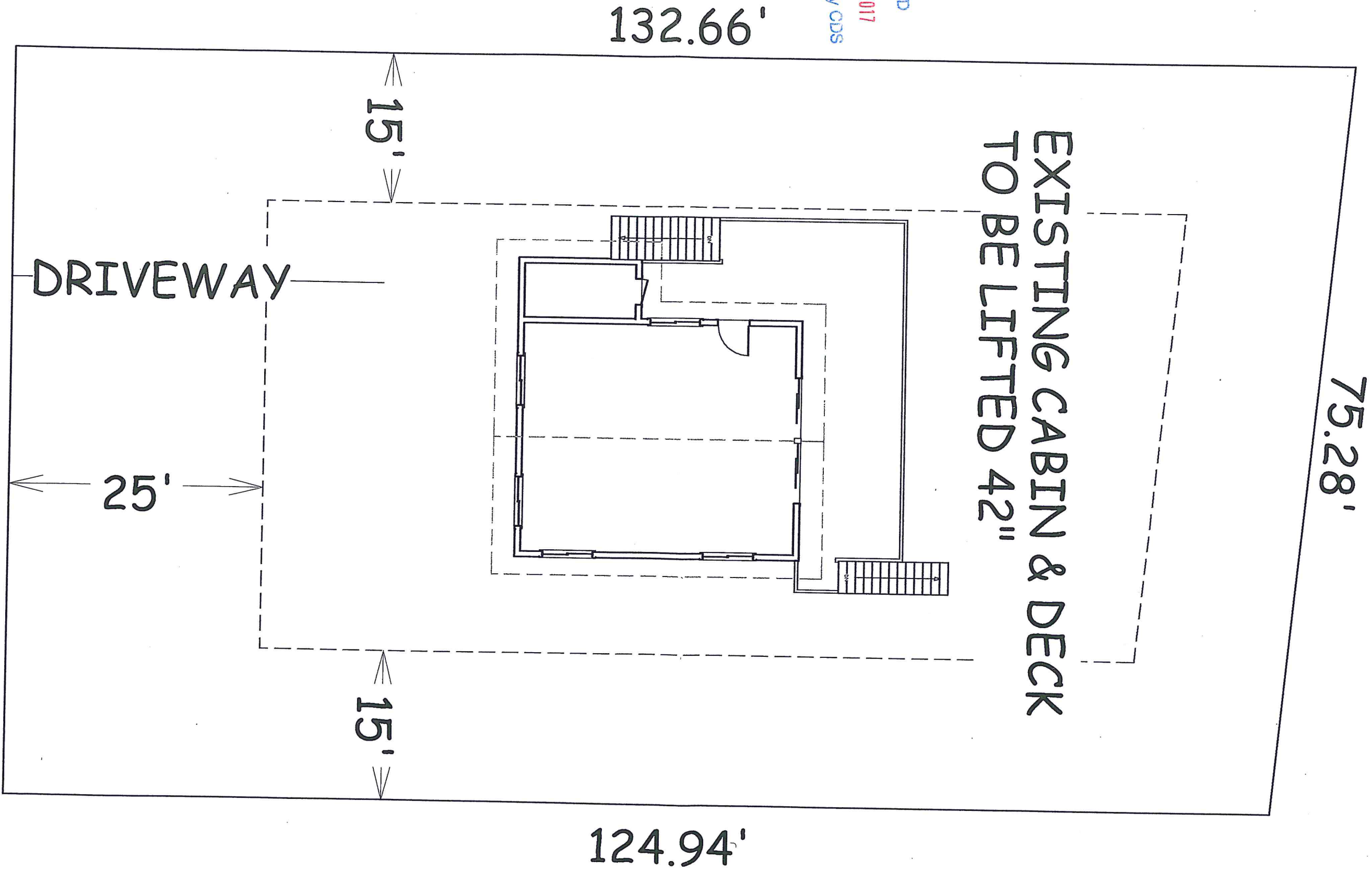
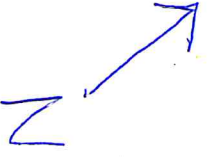
Date: 3/17/2017

Applicant: BAFUS, JONATHON & CYNTHIA

Type: check # 7640

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
SX-17-00005	SHORELINE EXEMPTION	830.00
	Total:	830.00

RECEIVED
MAR 17 2017
Kittitas County CDS



SCALE 1" = 10'