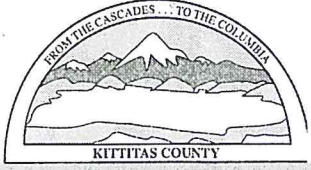


\$1,140.-

150.-

Permit deposit

SX-17-00016



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

"Building Partnerships – Building Communities"

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:

\$590.00	Kittitas County Community Development Services
\$550.00	Kittitas County Public Works
<hr/>	
\$1,140.00	Fees due for this application when SEPA is not required
\$2,270.00	Fees due for this application when SEPA is required (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (GDS Staff Signature): 	DATE: 	RECEIPT # 	<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold; font-size: 1.2em;"> PAID AUG. 3 1 2017 KITTTITAS CO. CDS </div> <p style="font-size: 0.8em; margin-top: 5px;">DATE STAMP IN BOX</p>
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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: Jerry Botkin
Mailing Address: 40 Shady Glen Drive
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: 509 656 0195
Email Address: _____

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: Leif Botkin
Mailing Address: P. Box 71
City/State/ZIP: Snoqualmie Pass, WA 98068
Day Time Phone: 425 999 1247
Email Address: leifbotkin@gmail.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: _____
City/State/ZIP: _____

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

6. Tax parcel number(s): _____

7. Property size: _____ (acres)

Project Description

1. Briefly summarize the purpose of the project:

car port

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

residential

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

accessory building

4. Fair Market Value of the project, including materials, labor, machine rentals, etc. \$ 20,000.-

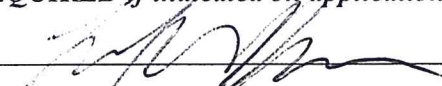
5. Anticipated start and end dates of project construction: Start Sept, 30 2017 End Oct, 30 2017

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:
(REQUIRED if indicated on application)

X 

Date:

8-31-17

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

X _____

Date:

FOR STAFF USE ONLY

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

¼ Section _____ Section _____ Township _____ N. Range _____ E., W.M.

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

_____ [use decimal degrees – NAD 83]

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

Private

Federal

State

Local

Tribal

4. Land Use Information:

Zoning: _____

Comp Plan Land Use Designation: _____

5. Shoreline Designation: (check all that apply)

Urban Conservancy

Shoreline Residential

Rural Conservancy

Natural

Aquatic

6. Requested Shoreline Exemption per WAC 173.27.040:

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

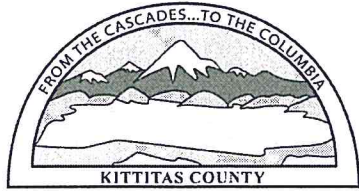
If 'Yes', what is the net square feet of structures to be constructed in the floodplain? _____

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

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? _____



**KITTITAS COUNTY
COMMUNITY DEVELOPMENT SERVICES**

Receipt Number: CD17-00447

411 N. Ruby St., Suite 2
Ellensburg, WA 98926
509-962-7506 / <https://www.co.kittitas.wa.us/cds/>

Payer/Payee: BOTKIN, JAY M
PO BOX 391
CLE ELUM WA 98922-0391

Cashier: STEPHANIE MIFFLIN **Date:** 08/31/2017
Payment Type: CHECK (292)

SX-17-00016 Shorelines Exemption		40 SHADY GLEN DR EASTON		
<u>Fee Description</u>		<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
Public Works Shoreline Exemption		\$550.00	\$550.00	\$0.00
Shoreline Exemption		\$590.00	\$590.00	\$0.00
SX-17-00016 TOTALS:		\$1,140.00	\$1,140.00	\$0.00
TOTAL PAID:			\$1,140.00	