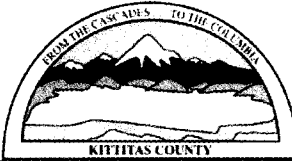


SX-18-0004



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"

SHORELINE EXEMPTION PERMITTING

(For projects located within 200 feet of a body of water and/or associated floodway and wetlands under the Payment Approval

Dated Signature required for Shoreline Master Program
 Signature serves as confirmation that goods or services have been received and billed as agreed
 Printed Name IGOR SHAPORDA
 Approver Signature IGOR S 3.22.2018 Date
 Contracting _____ Date
 (if applicable)
 15230 EB4310
 REQUIRED INFORMATION / ATTACHMENTS
 Project# Cost Category Contract#

- 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:

\$540.00 Kittitas County Community Development Services

\$550.00 Kittitas County Public Works

\$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 (CDS Staff Signature): _____
 DATE: 3/15/18 RECEIPT # 08-01070
RECEIVED
 MAY 15 2018
 Kittitas County CDS
 DATE STAMP IN BOX

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

FORM LAST REVISED: 03-12-2018

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: IGOR SHAPORDA / GRANT PLID
Mailing Address: PO BOX 878
City/State/ZIP: EPHRATA, WA 98823
Day Time Phone: 509-793-1564
Email Address: ISHAPOR@GCPUD.ORG

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.

Name: _____
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

4. Street address of property:

Address: ASSESSOR SITE DOESN'T SHOW IT
City/State/ZIP: VANTAGE, WA

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

ACRES 429.38, SEC 29; TWP. 17; RGE 23 ALL FRACTIONAL

6. Tax parcel number(s): 942933

7. Property size: 429.38 (acres)

Project Description

1. Briefly summarize the purpose of the project:
INSTALL INFORMATIONAL RISKS AT ELLENSBURG BOAT CLUB BOAT LAUNCH.
TWO HOLES, SPACED 4' APART, THE HOLES WILL BE APPROX. 2' DEEP
AND ABOUT 18 INCHES WIDE. POSTS WILL BE SET IN CONCRETE.
2. What is the primary use of the project (e.g. Residential, Commercial, Public, Recreation)?
3. What is the specific use of the project (e.g. single family home, subdivision, boat launch, restoration project)?
4. Fair Market Value of the project, including materials, labor, machine rentals, etc. < 6,416
5. Anticipated start and end dates of project construction: Start ASAP End 5/21/2018

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)

Date:

X _____

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

Date:

X Fgor S

3.22.2018