

SX-18-00015



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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Office (509) 962-7506  
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"Building Partnerships - Building Communities"

**SHORELINE EXEMPTION PERMITTING**

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

Dated signature required for payment (Signature serves as confirmation that goods or services have been received and billed as agreed)		
Printed Name <u>IGOR SHAPORDA</u>		
Approver Signature <u>[Signature]</u>		Date <u>3.22.2018</u>
Contracting _____		Date _____
(if applicable)		(if applicable)
<u>15230</u>	<u>EB4310</u>	
REQUIRED INFORMATION (Attach Comments)		

- 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

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- \$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): <u>[Signature]</u>	DATE: <u>5/15/18</u>	RECEIPT #: <u>CDV-01073</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: IGOR SHAPORDA (GRANT PUD)  
Mailing Address: PO BOX 278  
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: N/A  
Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

APPROX. DISTANCES  
TO OHWM:

- 1. 7'
- 2. 3.5'
- 3. 31'
- 4. 45'
- 5. 30'
- 6. 108.7'
- 7. 140.7'
- 8. 350'
- 9. 455'

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

*If different than land owner or authorized agent.*

Name: N/A  
Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Street address of property:**

Address: N/A  
City/State/ZIP: \_\_\_\_\_

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

PLEASE SEE ATTACHED SITE PLAN

6. Tax parcel number(s): N/A

7. Property size: N/A (acres)

Project Description

1. Briefly summarize the purpose of the project:

INSTALL METAL FENCE POSTS ALONG THE HYDROELECTRIC PROJECT BOUNDARY. NO FENCE WILL BE INSTALLED AT THIS TIME. FENCE POSTS (9) WILL BE APPROX. 4' TALL AND SET IN CONCRETE. HOLES WILL BE DUG USING A SMALL AUGER OR BY HAND, APPROX. 12-18 INCHES DEEP AND ABOUT 12 INCHES WIDE.

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)?

PRIEST RAPIDS HYDROELECTRIC 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 Igor S \_\_\_\_\_

3.22.2018

Itemized Description of the Costs:

1. MATERIALS: \$15 a piece x 9 = \$135

2. LABOR: \$450

a. 1/2 HR x 9 = 4.5 HRS

b. crew (2) x \$50 HR = \$100 HR

TOTAL: \$585