

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: JOSEPH : SARAH HARRIS
 Mailing Address: P.O. Box 1029
 City/State/ZIP: Cle Elum, WA 98922
 Day Time Phone: 425-327-3342
 Email Address: sarahharrisrealty@outlook.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: JEN ANDREWS
 Mailing Address: Po Box 199
 City/State/ZIP: Roslyn, WA 98941
 Day Time Phone: 425-445-2941
 Email Address: JEN@ANDREWSANDREWS.COM

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

If different than land owner or authorized agent.

Name: JASON ANDREWS, ARCHITECT
 Mailing Address: Po Box 199
 City/State/ZIP: Roslyn, WA 98941
 Day Time Phone: 425-444-2941
 Email Address: jason@andrewsandrews.com

4. Street address of property:

Address: 250 Pebble Beach Dr.
 City/State/ZIP: Cle Elum, WA 98922

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

LOT 6, BLK 1, SUN COUNTRY ESTATES, VOL. 4 of Plats - Pg 46-50
Kittitas Co.

6. Tax parcel number(s): 889 234

7. Property size: 9,957 sq. / .23 acres (acres)

Project Description

1. Briefly summarize the purpose of the project:

~~Build a one car garage next to existing S.F.K.
(Home does not currently have a garage. If a
garage is not acceptable, we would like to build a carport.~~

SEE BELOW

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)?

Single family home

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

\$8,000

5. Anticipated start and end dates of project construction: Start

8/2018

End

10/2018

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  _____

8/20/18

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

Date:

X _____

Replace the existing deck/balcony as they have been compromised by pests. Existing square footage only. SEE ATTACHED SITE PLAN Area in question is bubbled.