

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 jurisdiction of the Shoreline Master Program)

REQUIRED INFORMATION / ATTACHMENTS

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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

\$1,090.00 Fees due for this application when SEPA is not required
\$2,220.00 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:

10/74/8

CD/8-07646

OCT 2 4 2018

CD/8-07646

Mittitas County CDS

DATE STAMP IN BOX

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

General Application Information

1.		s and day phone of land owner(s) of record: (s) required on application form.	
	Name:	Graig Schuas	
	Mailing Address:	2130 Hanson Ro	ad a
	City/State/ZIP:	Ellensbyr WH. 9	8926
	Day Time Phone:	509- 899-458	7
	Email Address:	Graig Schusb & gonsil	- Com
义	Name, mailing address If an authorized agent is	and day phone of authorized agent, if different fr indicated, then the authorized agent's signature is re	om landowner of record: equired for application submittal.
	Agent Name:		
	Mailing Address:		
	City/State/ZIP:		
	Day Time Phone:		
	Email Address:		
X	Name, mailing address If different than land own	and day phone of other contact person ner or authorized agent.	
	Name:		
	Mailing Address:		
	City/State/ZIP:		
	Day Time Phone:		
	Email Address:		
4.	Street address of prope	rty:	
	Address:	2130 Harson Rosel	
	City/State/ZIP:	2130 Harson Rosel	8926
5.	Legal description of pro	operty: (attach additional sheets as necessary)	5W/45E1/4 EX3E
6.	Tax parcel number(s):	068333	
	Property size:	3.61	(acres)

Project Description

1. Briefly summarize the purpose of the present of Fallen Trees from	border	stream lausing a log jam. Considerable 1.			
# To both out property and	neighbot.	property including damagets prightion			
paperties, que to Flording in	The spin	property including damagets Prigation of Fuller mees to strate mosts and improve posts and improve ect Fulls under WAL 173-27-040 (2A4 2E)			
reaching the supervision of	4500	17-6 1000157 WILLIAM 1800 1800 1000			
2. What is the primary use of the project	e.g. Resident	ial. Commercial. Public. Recreation)?			
Residenta	4/				
3. What is the specific use of the project (e	.g. single fan	uly home, subdivision, boat launch, restoration project)?			
4. Fair Market Value of the project, include	ling material	s, labor, machine rentals, etc. 750			
5. Anticipated start and end dates of proje	1.15 12/16				
	Authoriz	<u>ration</u>			
with the information contained in this applies true, complete, and accurate. I further complete is true, complete, and accurate.	ication, and the crify that I possible application is	e activities described herein. I certify that I am familiar nat to the best of my knowledge and belief such information ossess the authority to undertake the proposed activities. I made, the right to enter the above-described location to			
	ed to the Land	d 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:	13-17-2018			

FOR STAFF USE ONLY

1.	Provide section, township, an ¼ SectionSE Se			Range18 E.	, W.M.
2.	Latitude and longitude coordinates of project location (e.g. 47.03922 N lat. / -122.89142 W long.): 46.987828 1 2 0 . 6 0 8 1 0 9 [use decimal degrees – NAD 83]				
3. Type of Ownership: (check all that apply)					
	□X Private □	Federal	☐ State	☐ Local	☐ Tribal
4.	Land Use Information:				
Zo	ning: Agriculture 20		Comp Plan Land Use	Designation: Rura	l Working
5.	Shoreline Designation: (chec	k all that app	oly)		
	☐ Urban Conservancy	☐ Shore	eline Residential	☐ X Rural C	onservancy
	☐ Natural		☐ Aquati	ic	
2)	Requested Shoreline Exempt A & E Project \leq \$6416 total cigation	-			
		2	Vegetation		
7.	Will the project result in clea	ring of tree o	r shrub canopy?		
	☐ Yes		□ X NO		
If'	Yes', how much clearing will o	occur?		(sq1	nare feet and acres)
8.	Will the project result in re-v	egetation of t	ree or shrub canopy?		
	☐ Yes		□ X No		
If '	Yes', how much re-vegetation	will occur?_		(sq	uare feet and acres)
		9	Wetlands		
9.	Will the project result in wetl	and impacts?	•		
	☐ Yes		□ X No		
If '	Yes', how much wetland will b	e permanent	ly impacted?	(sq	uare feet and acres)
10.	Will the project result in wetl	and restorati	on?		
	☐ Yes		□ X No		
If'	Yes', how much wetland will b	e restored?		(square feet and	acres)

Impervious Surfaces

11. Will the project re	esult in creation of over 500 squ	nare feet of impervious surfaces?			
	☐ Yes	□ X No			
If 'Yes', how much im	pervious surface will be create	d?	_(square feet and acres)		
12. Will the project re	esult in removal of impervious	surfaces?			
	☐ Yes	□ X No			
If 'Yes', how much im	pervious surface will be remov	red?	_(square feet and acres)		
	Shoreline Sta	bilization			
13. Will the project re (revetment/bulkhe		noreline stabilization structures			
	☐ Yes	□ X NO			
If 'Yes', what is the no	et linear feet of stabilization str	uctures that will be created?			
14. Will the project re (revetment/bulkhe		noreline stabilization structures			
	☐ Yes	□ X No			
If 'Yes', what is the ne	et linear feet of stabilization str	uctures that will be removed?			
	Levees/I	<u>Dikes</u>			
15. Will the project re	esult in creation, removal, or re	location (setting back) of levees/d	ikes?		
	☐ Yes	□ X No			
If 'Yes', what is the ne	et linear feet of levees/dikes tha	t will be created?			
If 'Yes', what is the ne	et linear feet of levees/dikes that	t will be permanently removed?			
If 'Yes', what is the lin	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)					
	□ X Yes	□ No			
•	-	e constructed in the floodplain?: 14.08; please contact Kittitas Coun			
17. Will the project re	esult in removal of existing stru	ctures within the floodplain? (ch	eck one)		
	☐ Yes	□ X No			
If 'Yes', what is the ne	et square footage of structures t	to be removed from the floodplain	1?		

Overwater Structures

18. Will the project r	esult in construc	ction of an overwater dock, pier, or float? (check one)	
	☐ Yes	□ X No	
If 'Yes', how many o	verwater structu	res will be constructed?	
What is the net squar	re footage of wat	er-shading surfaces that will be created?	
19. Will the project r	esult in removal	of an overwater dock, pier, or float? (check one)	
	□ Yes	□ X No	
If 'Yes', how many o	verwater structu	rres will be removed?	
What is the net squar	re footage of wat	er-shading surfaces that will be removed?	
		Summary/Conclusion	
		nt with the policies of RCW 90.58.020 and the Kittitas Count and sheets if necessary)	y Shoreline
	□ X Yes	□ No	
Please explain:			
		otal cost, and is intended to protect irrigation supplies.	
Exempt under WAC	<u> </u>	b) and (e).	
		on needed to verify the project's impacts to shoreline ecologic ets and relevant reports as necessary)	eal
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