

SX-19-06002



# KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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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:

\$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):

*[Handwritten Signature]*

DATE:

*1/16/19*

RECEIPT #



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: MARK THEBAULT & JENNIFER PAGELER

Mailing Address: 6059 S Roxbury St

City/State/ZIP: SEATTLE, WA 98118

Day Time Phone: 206.650.3234 (Mark) 206.618.8776 (Jen)

Email Address: markjen126@yahoo.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: Margaret Pageler

Mailing Address: 5426 55 Ave S

City/State/ZIP: Seattle WA 98118

Day Time Phone: 206.920.6401

Email Address: margaretpageles@comcast.net

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: 991 Kias Elk Trail

City/State/ZIP: Cle Elum, WA 98922

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

attached

6. Tax parcel number(s): 135334

7. Property size: 6.06 acres (acres)

**Project Description**

1. Briefly summarize the purpose of the project:

Addition to existing cabin to add 2 bedrooms and interior bathroom.

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 Residential vacation home

4. Fair Market Value of the project, including materials, labor, machine rentals, etc. \$100,000

5. Anticipated start and end dates of project construction: Start MAY 2019 End DECEMBER 2019

**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 Margaret C. Pugh

1/4/19

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

Date:

X [Signature]

1/3/19