SX·20·00002

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.

☐ N/A Include JARPA or HPA forms *if required* for your project by a state or federal agency.

☐ N/A SEPA Checklist, if not exempt per WAC 197-11-800.

☐ N/A VSP sponsored fish hatchery enhancement project: please provide documentation signed by the current VSP coordinator for verification. (CDS & PW fees are waived for these projects**)

Please note a Shoreline Variance or Shoreline Conditional Use Permit may also be required. See Kittitas County Shoreline Master Program

APPLICATION FEES:

$550.00	**Kittitas County Community Development Services****
$550.00	**Kittitas County Public Works****
$1,100.00	**Fees due for this application when SEPA is not required****
$2,460.00	**Fees due for this application when SEPA ($1,360.00) is required**** (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): _____

DATE: 1·21·20

RECEIPT # #00104
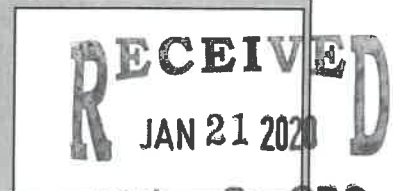
RECEIVED
JAN 21 2020
Kittitas Co. CDS

DATE STAMP IN BOX

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

FORM LAST REVISED: 01-06-2020
Page 1 of 6

1. **Name, mailing address and day phone of land owner(s) of record:**
   Landowner(s) signature(s) required on application form.

   Name: EDWARD DAVID ANDERSON

   Mailing Address: 5983 VANTAGE HIGHWAY

   City/State/ZIP: Ellensburg, WA 98926

   Day Time Phone: 509-899-5017

   Email Address: e.david.anderson @ gmail.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: _____

   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: 7043 MANASHTASH RD.

   City/State/ZIP: Ellensburg, WA 98926

5. **Legal description of property: (attach additional sheets as necessary)**
   7043 MANASHTASH RD.

6. **Tax parcel number(s):** 635 033

7. **Property size:** 2.6 acres _____ (acres)

Project Description

1. **Briefly summarize the purpose of the project:**
   BUILDING A SINGLE FAMILY HOME

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.** $320,000

5. **Anticipated start and end dates of project construction: Start** March 2019 **End** OCTOBER 2020

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: **Date:**
(REQUIRED if indicated on application)

X_____   _____

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

X_____   1-21-20

1. **Provide section, township, and range of project location:**
   ¼ Section _____ Section _____ Township _____ N. Range _____ E., W.M.

2. **Latitude and longitude coordinates of project location (e.g. 47.03922 N lat. / -122.89142 W long.):**
   _____ [use decimal degrees – NAD 83]

3. **Type of Ownership: (check all that apply)**

   ❑ Private   ❑ Federal   ❑ State   ❑ Local   ❑ Tribal

4. **Land Use Information:**

   Zoning: _____   Comp Plan Land Use Designation: _____

5. **Shoreline Designation: (check all that apply)**

   ❑ Urban Conservancy   ❑ Shoreline Residential   ❑ Rural Conservancy

   ❑ Natural   ❑ Aquatic

6. **Requested Shoreline Exemption per WAC 173.27.040:**
   _____

Vegetation

7. **Will the project result in clearing of tree or shrub canopy?**

   ❑ Yes   ❑ No

   If 'Yes', how much clearing will occur? _____ (square feet and acres)

8. **Will the project result in re-vegetation of tree or shrub canopy?**

   ❑ Yes   ❑ No

   If 'Yes', how much re-vegetation will occur? _____ (square feet and acres)

Wetlands

9. **Will the project result in wetland impacts?**

   ❑ Yes   ❑ No

   If 'Yes', how much wetland will be permanently impacted? _____ (square feet and acres)

10. **Will the project result in wetland restoration?**

    ❑ Yes   ❑ No

    If 'Yes', how much wetland will be restored? _____ (square feet and acres)

Impervious Surfaces

11. Will the project result in creation of over 500 square feet of impervious surfaces?

      ❑ Yes   ❑ No

If 'Yes', how much impervious surface will be created? _____(square feet and acres)

12. Will the project result in removal of impervious surfaces?

      ❑ Yes   ❑ No

If 'Yes', how much impervious surface will be removed? _____(square feet and acres)

Shoreline Stabilization

13. Will the project result in creation of structural shoreline stabilization structures (revetment/bulkhead/riprap)?

      ❑ Yes   ❑ No

If 'Yes', what is the net linear feet of stabilization structures that will be created?_____

14. Will the project result in removal of structural shoreline stabilization structures (revetment/bulkhead/riprap)?

      ❑ Yes   ❑ No

If 'Yes', what is the net linear feet of stabilization structures that will be removed? _____

Levees/Dikes

15. Will the project result in creation, removal, or relocation (setting back) of levees/dikes?

      ❑ Yes   ❑ No

If 'Yes', what is the net linear feet of levees/dikes that will be created? _____

If 'Yes', what is the net linear feet of levees/dikes that will be permanently removed? _____

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)

      ❑ Yes   ❑ No

If 'Yes', what is the net square feet of structures to be constructed in the floodplain? _____
Note: A floodplain development is required per KCC 14.08; please contact Kittitas County Public Works

17. Will the project result in removal of existing structures within the floodplain? (check one)

      ❑ Yes   ❑ No

If 'Yes', what is the net square footage of structures to be removed from the floodplain? _____

Overwater Structures

18. Will the project result in construction of an overwater dock, pier, or float? (check one)

        ❑ Yes   ❑ No

If 'Yes', how many overwater structures will be constructed? _____

What is the net square footage of water-shading surfaces that will be created? _____

19. Will the project result in removal of an overwater dock, pier, or float? (check one)

        ❑ Yes   ❑ No

If 'Yes', how many overwater structures will be removed? _____

What is the net square footage of water-shading surfaces that will be removed? _____

Summary/Conclusion

20. Will the proposed use be consistent with the policies of RCW 90.58.020 and the Kittitas County Shoreline Master Program? (attach additional sheets if necessary)

        ❑ Yes   ❑ No

Please explain:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

21. Provide any additional information needed to verify the project's impacts to shoreline ecological functions: (attach additional sheets and relevant reports as necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____