

SX-21-00009

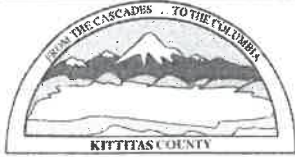
KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

CDS@CO.KITTITAS.WA.US

"Building Partnerships – Building Communities"

Office (509) 962-7506



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

- 3-10 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.
M Include JARPA or HPA forms if required for your project by a state or federal agency.
M SEPA Checklist, if not exempt per WAC 197-11-800.
h/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**

\$2,925.00 Fees due for this application when SEPA (\$1,825.00) is required** (One check made payable to

KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): [Signature] DATE: 7/8/21 RECEIPT: [RECEIVED JUL 08 2021] Kittitas County CDS DATE STAMP IN BOX

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: Ski Tur Valley Maintenance Association (STVMA), Brad Colman, President
Mailing Address: 11325 207th Ave. SE
City/State/ZIP: Issaquah, WA 98027
Day Time Phone: 206 390-5106
Email Address: fiatwx@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: NA _____
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.*

Name: Richard Pierson
Mailing Address: 3516 S 336th St
City/State/ZIP: Federal Way WA 98001
Day Time Phone: 253 205-1951
Email Address: econoforester@msn.com

4. Street address of property:

Address: STVMA, Gold Creek
City/State/ZIP: Snoqualmie Pass, Washington 98068

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

See attached

6. Tax parcel number(s): 328235

7. Property size: Approximately 60 acres in community, with 65 lots of approximately 5,000 sq. ft. each

Project Description

1. Briefly summarize the purpose of the project:

Provide temporary emergency stabilization of Gold Creek bank to prevent flooding and destruction of up to four (4) vacation residential homes and about 5 acres of forested upland in our STVMA subdivision.

2. What is the primary use of the project (e.g. Residential, Commercial, Public, Recreation)?
Vacation residential is the primary use.

3. What is the specific use of the project (e.g. single family home, subdivision, boat launch, restoration project)?
Residential vacation cabins from about 1,000 to 3,000 square feet per cabin; outdoor recreation and forest habitat protection.

4. Fair Market Value of the project, including materials, labor, machine rentals, etc. \$15,000

5. Anticipated start and end dates of project construction: Start: August 1, 2021 End: September 14, 2021

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 subject to STVMA trustee and member authorization. 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.

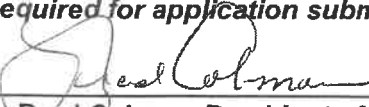
Signature of Authorized Agent:
(REQUIRED if indicated on application)

Date:

X _____

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

Date:

X  _____

6/16/21

Brad Colman, President of Trustees, STVMA

