



# KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTITAS.WA.US

Office (509) 962-7506

"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.
- 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:

\$560.00	Kittitas County Community Development Services**
\$550.00	Kittitas County Public Works**
\$1,110.00	Fees due for this application when SEPA is not required**
\$2,935.00	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): <i>Leil Weyand</i>	DATE: <i>6-15-22</i>	RECEIPT # <i>CD22-02027</i>	

**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: DAVE SHULER

Mailing Address: 5348 CRESTVIEW LOOP NE

City/State/ZIP: OLYMPIA, WA 98514

Day Time Phone: (253) 380-6104

Email Address: daveshuler@hotmail.com

**2. Name, mailing address and day phone of authorized agent, if different from landowner of record: *N/A***

*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: KATHRYN LEATHERS

Mailing Address: same as above

City/State/ZIP: "

Day Time Phone: (360) 789-2072

Email Address: Katleathers@comcast.net

**4. Street address of property:**

Address: 9 MOONSHINE LN

City/State/ZIP: RONALD, WA 98940

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

SUNSHINE ESTATES #2, LT 7, SEC. 34; TWP. 21; R9E. 14

**6. Tax parcel number(s):** 747235

**7. Property size:** 0.5 (acres)

**Project Description**

1. Briefly summarize the purpose of the project:

RESIDENTIAL CONSTRUCTION (SINGLE-FAMILY)

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. \$850,000

5. Anticipated start and end dates of project construction: Start OCT 2022 End OCT 2023

**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 \_\_\_\_\_

\_\_\_\_\_

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

Date:

X  \_\_\_\_\_

6-10-2022

**FOR STAFF USE ONLY**

**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? \_\_\_\_\_**

