

PM-16-00016



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"

PREAPPLICATION CONFERENCE APPLICATION & MEETING SUMMARY

(To be completed for each Preapplication Conference)

Please type or print clearly in ink. A preapplication conference is required prior to submittal of a building permit for any commercial or multi-family project (not including 2-family dwellings) and for certain land use applications per KCC 15A.03.020. The following items must be attached to the application packet and is required to be submitted prior to scheduling of the preapplication conference.

REQUIRED ATTACHMENTS

- A scaled site plan showing lot area, proposed/existing buildings, setbacks, points of access, roads, parking areas, water system components, septic tank, drainfield, drainfield replacement area, areas to be cut and/or filled, and natural features (i.e. contours, streams, gullies, cliffs, etc.)
- Floor plan with minimum labeling to include uses of rooms, dimensions, plumbing & mechanical fixtures (if proposing structures other than residential and accessory)

APPLICATION FEES

\$520.00 Kittitas County Community Development Services (KCCDS)

~~\$350.00 Kittitas County Environmental Health~~

\$110.00 Kittitas County Public Works

630.00 - ~~990.00~~ Fees due for this application

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

DATE:
8/1/18

RECEIPT #
1018 01850

RECEIVED
AUG 01 2018
KITTTITAS COUNTY, WA

DATE STAMP IN BOX

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

FORM LAST REVISED: 05-21-2018

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: MITCH & JULIE WILLIAMS
Mailing Address: P.O. BOX 1702
City/State/ZIP: ELLENSBURG, WA 98926
Day Time Phone: 509 899-0148
Email Address: MITCH@MFWILLIAMS.NET

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: 7501 MANASTASH ROAD
City/State/ZIP: ELLENSBURG, WA 98926

5. **Tax parcel number:** 825033 & 10485

6. **Property size:** BOTH PARCELS TOTAL 15.7 AC (acres)

7. **Land Use Information:**

Zoning: AG 20 Comp Plan Land Use Designation: RURAL-AG

8. **Proposed Water System (as defined by KCC 13.03) NOTE: Show location of water system on site plan.**

Group A Group B Individual Shared Cistern Other: N/A

9. **Proposed Sewage Disposal:** N/A

10. List any Buildings or Structures including sq. ft. & no. of stories proposed: NEW BRIDGE 940 SQ.FT.

11. Proposed Project Name: WILLIAMS BRIDGE

12. Type of proposed project (circle one):

Cluster/Conservation Plat

Planned Unit Development

Master Planned Resort

Conditional Use Permit

Shoreline Permit

Rezone

Preliminary Plat over nine (9) lots

Commercial Building

PROJECT NARRATIVE

Include responses as an attachment to this application

13. Narrative project description (include as attachment): Please include at minimum the following information in your description: describe project size, location, description of water system, sewage disposal, proposed buildings or structures, proposed uses for the project and all qualitative features of the proposal; include every element of the proposal in the description. SEE ATTACHED

14. Provision of the zoning code applicable: _____

AUTHORIZATION

15. 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)
X _____

Date:

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

Date:
Aug. 1, 2018

FOR STAFF USE ONLY

Date of Pre-Application Meeting: _____ Time: _____
Pre-application meetings are scheduled typically on Wednesdays.

List persons present at pre-app meeting:

Meeting Moderator: _____

To be present at each pre-app:

1. CDS representative (planning): _____
2. CDS representative (building): _____
3. Fire Marshal representative: _____
4. Public Works representative: _____
5. Environmental Health representative (water): _____
6. Environmental Health representative (sewer): _____
7. Others present: _____

Present at pre-app for project: (attach business cards if available)

Applicant: _____
Application phone: _____
Application email: _____

Applicant authorized agent (if applicable): _____
Applicant authorized agent phone: _____
Applicant authorized agent email: _____

Others present for applicant: _____

**The Kittitas County Community Development Services Department does not guarantee a parcel eligible for development until such time as a complete and accurate application is submitted. Further analysis may be conducted at the time of permit application.*

Items/issues/concerns/questions discussed (To be filled in by staff during preapplication conference):

1. Planning/Land Use

Critical Areas conducted _____ SEPA _____

2. Building

Type of Building (res., comm., etc.): _____ Building Use classification: _____

3. Fire

Located within Fire District # _____ (if applicable)

4. Public Works

Proposed access:

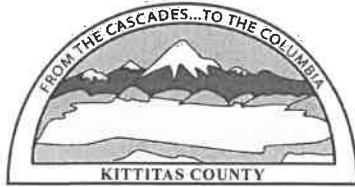
5. Environmental Health (water)

Proposed water supply:

6. Environmental Health (sewer)

Proposed sewer disposal:

7. Others present: (if applicable)



**KITTITAS COUNTY
COMMUNITY DEVELOPMENT SERVICES**

Receipt Number: CD18-01880

411 N. Ruby St., Suite 2
Ellensburg, WA 98926
509-962-7506 / <https://www.co.kittitas.wa.us/cds/>

Payer/Payee: WILLIAMS, MITCHELL F
PO BOX 1702
ELLENSBURG WA 98926-1929

Cashier: RACHEL KANE
Payment Type: CHECK (5092)

Date: 08/01/2018

PM-18-00016 Pre-Application Meeting 7501 MANASTASH RD ELLENSBURG

| <u>Fee Description</u> | <u>Fee Amount</u> | <u>Amount Paid</u> | <u>Fee Balance</u> |
|---|-------------------|--------------------|--------------------|
| Pre-Application / Pre-Submission (Public Works) | \$110.00 | \$110.00 | \$0.00 |
| Pre-Application / Pre-Submission (Planning) | \$520.00 | \$520.00 | \$0.00 |
| PM-18-00016 TOTALS: | \$630.00 | \$630.00 | \$0.00 |
| TOTAL PAID: | | \$630.00 | |