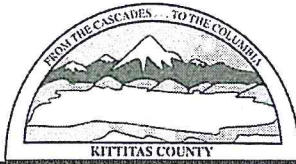


SI-15-00001



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"

**SIGN PERMIT APPLICATION**

*(For a permit to place a sign on a structure or site in accordance with KCC 17.72)*

Please type or print clearly in ink. Attach additional sheets as necessary. Pursuant to KCC 15A.03.040, a complete application is determined within 28 days of receipt of the application submittal packet and fee. The following items must be attached to the application packet.

**REQUIRED ATTACHMENTS**

- Site Plan showing the location of the sign, all roads and drives, setbacks from property lines, distance from right-of-way edge (Distance from the edge of a right-of-way shall be measured horizontally along a line normal or perpendicular to the center line of the highway).
- Description of proposed sign: include dimensions, height and size of posts or footings, a statement of the precise location where the sign is to be erected or maintained, and a statement of the proposed size and shape of the design. Include a picture/visual of the sign if available.
- Project Narrative responding to Question 9 on the following pages.

RECEIVED

FEB 2 2015







KITTITAS COUNTY  
CDS

**APPLICATION FEES:**

75.00 Kittitas County Community Development Services (KCCDS)

**\$75.00 Total fees due for this application** (One check made payable to KCCDS)

**FOR STAFF USE ONLY**

Application Received By (CDS Staff Signature): 	DATE: 	RECEIPT # 	  
DATE/STAMP IN BOX			

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

FORM LAST REVISED: 04/21/11

Page 1 of 3

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: Bryan Counce  
Mailing Address: 471 Klocke Rd  
City/State/ZIP: Ellensburg WA 98926  
Day Time Phone: 509 - 571-8571  
Email Address: 1mfbryan.counce@msn.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: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

6. **Tax parcel number:** 059433

7. **Property size:** 7.25 (acres)

8. **Land Use Information:**

Zoning: AG 20                      Comp Plan Land Use Designation: Rural working

**PROJECT NARRATIVE**

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9. **Narrative project description (include as attachment):** Please include at minimum the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description. *include type of sign, height, area, setbacks.*

**AUTHORIZATION**

10. 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  \_\_\_\_\_

Feb-26-15