

## KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926
CDS@CO.KITTITAS.WA.US
Office (500) 962-7506

CDS@CO.KITTITAS.WA.US Office (509) 962-7506 Fax (509) 962-7682

VA-11-00003

## ZONING VARIANCE APPLICATION

Relief from a provisions of Title 17 when, because of unusual circumstances, following such provision would cause undue hardship (See KCC 17.84)

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.

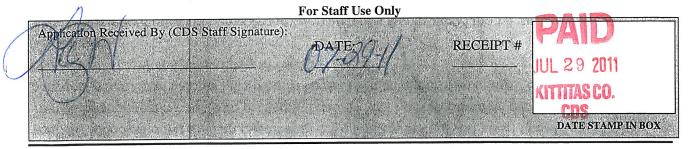
### REQUIRED ATTACHMENTS

Site plan of the property with all proposed: buildings; points of access, roads, and parking areas; septic tank and drainfield and replacement area; areas to be cut and/or filled; and, natural features such as contours, streams, gullies, cliffs, etc.

Project Narrative responding to Questions 9 and 10 on the following pages.

#### APPLICATION FEES:

\$523.00	Kittitas County Community Development Services (KCCDS)
\$50.00	Kittitas County Department of Public Works
\$65.00	Kittitas County Fire Marshal
\$638.00	Total fees due for this application (One check made payable to KCCDS)



## **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:	Donald Hinderliter		
	Mailing Address:	4224 S. 272nd ST		
	City/State/ZIP:	Kent, WA 98032		
	Day Time Phone:	253-859-0893		
	Email Address:	hinderliter4@q.com		
2.	Name, mailing addre	ss and day phone of authorized agent, if di is indicated, then the authorized agent's sign	fferent from landowner of record: ature is required for application submittal.	
	Agent Name:	Jason & Lisa Erie/Rocky MTN Co	nstruction LLC	
	Mailing Address:	PO BOX 297		
	City/State/ZIP:	South Cle Elum, WA 98943		
	Day Time Phone:	509-304-6303		
	Email Address:	jasonerie@earthlink.net		
3.	Name, mailing addre	ss and day phone of other contact person wner or authorized agent.	New contact :	
	Name:		- 509-859-3260	
	Mailing Address:		- New Junn	
	City/State/ZIP:		- 381 Fields Rd	
	Day Time Phone:		- Manhana WA	
	Email Address:		- Ellinari ay	
4.	Street address of pro	perty:	18940	
	Address:	90 Roaring Creek CT	_ twill get comail	
	City/State/ZIP:	Easton, WA 98925	- from owner	
5.	Legal description of p ROARING CREE	oroperty (attach additional sheets as necess K LOT 6 SEC. 11; TWP. 21; RGE. 11	sary):	
6.	Tax parcel number:	21-11-11050-0006		
7.	Property size:46		(acres)	
8.	Land Use Informatio	n:		
	Zoning: Comm	Comp Plan Land Use I	Designation:	

# PROJECT NARRATIVE (INCLUDE RESPONSES AS AN ATTACEMENT TO THIS APPLICATION)

- 9. Marrative project description (include as attradment): Please include at minimum the following information in your description: describe project size, location, and the provision of zoning code for which this variance is requested and the way in which you wish to vary from the code.
- 10. A variance may be granted only when the following criteria are met (see KCC 17.84.10). Please describe in detail how each criteria is met for this particular request:
  - A. Unusual circumstances or conditions applying to the property and/or the intended use that do not apply generally to other property in the same vicinity or district, such as topography.
  - Such variance is necessary for the preservation and enjoyment of a substantial property right of the applicant possessed by the owners of other properties in the same vicinity.
  - C. That audiorization of such variance will not be materially detrimental to the public welfare or injurious to property in the vicinity.
  - D. That the granting of such variance will not adversely affect the realization of the comprehensive development pattern.

#### 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 verify 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 impact 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.

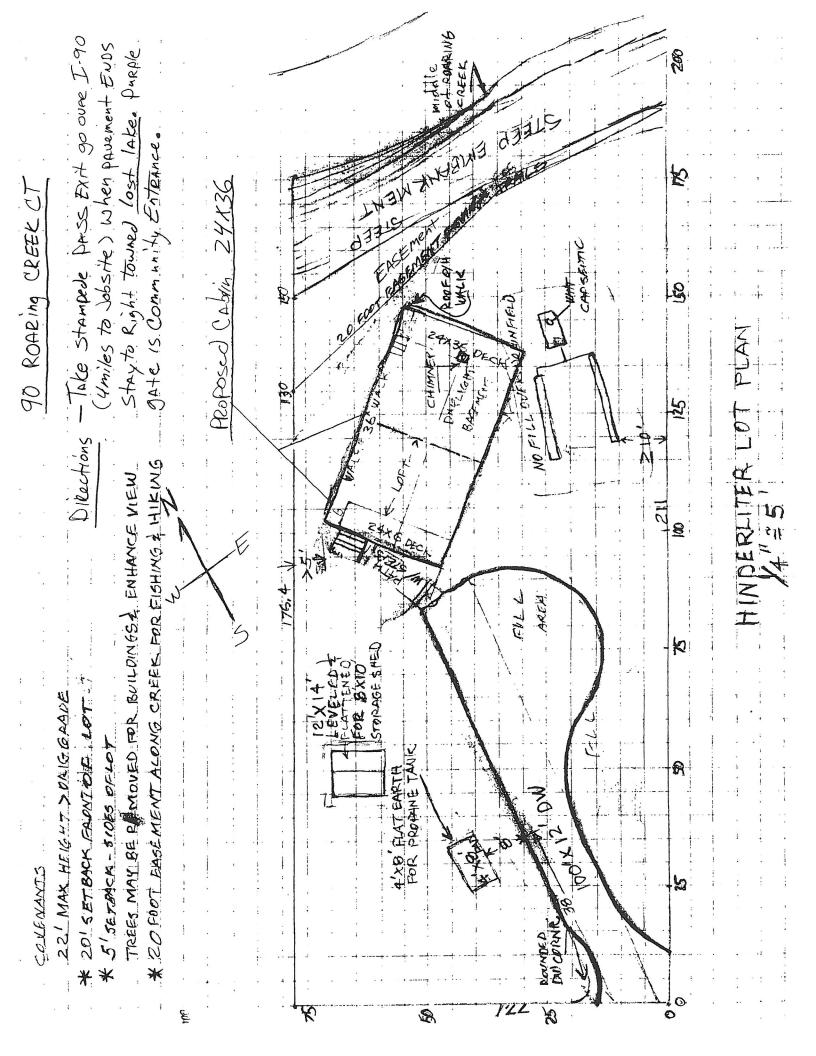
Signature of Authorized Agent?

(REQUIRED It indicates on application)

Signature of Land Owner of Record (Required for application submitted)

m....

July 29, 201



#### PROJECT NARRATIVE FOR 90 ROARING CREEK CT. EASTON WA 98925

The project will be 24' x 36' in size. The location is in the Roaring Creek HOA, located off of Lost Lake Rd West of the town of Easton. The underlying zoning code is Commercial Forestry with building setbacks of 200' feet from lot lines. We wish to vary from this code utilizing the Roaring Creek CC&R's that are in place which are 5' on the side lines and 20' from the ends of property lines.

The circumstance that creates the need for the variance is the fact the property and surrounding properties only are approximately a half acre parcels (this one is .46 acres). Most of the surrounding properties have cabins in the HOA also adhere to the 5' side and 20' end setbacks that are required building setbacks per the CC&R's within the community. It is not possible to setback 200' within this property.

The Roaring Creek HOA committee has approved the location and design of the structure. The build is compliant with the HOA and CC&R's and is consistent with design of adjacent properties.

The structure will not deviate from the comprehensive development of the area. It is consistent with the neighboring properties.



## KITTITAS COUNTY PERMIT CENTER 411 N. RUBY STREET, ELLENSBURG, WA 98926

RECEIPT NO.:

00011759

COMMUNITY DEVELOPMENT SERVICES

(509) 962-7506

PUBLIC HEALTH DEPARTMENT (509) 962-7698

DEPARTMENT OF PUBLIC WORKS

(509) 962-7523

Account name:

024375

Date: 7/29/2011

Applicant:

HINDERLITER, DONALD E

Type:

check

# 1059

Permit Number	Fee Description	Amount
VA-11-00003	ADMINISTRATIVE VARIANCE	523.00
VA-11-00003	ADMIN VARIANCE FM FEE	65.00
VA-11-00003	PUBLIC WORKS ADMIN VARIANCE	50.00
	Total:	638.00