VA-17-00001

DATE STAMP IN BOX



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

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:

\$1,800.00	Kittitas County Community Development Services (KCCDS)
\$235.00	Kittitas County Environmental Health
	Kittitas County Department of Public Works
	Kittitas County Fire Marshal
\$2,150.00	Total fees due for this application (One check made payable to KCCDS)

Application Received By (CDS Staff Signature):

DATE:

RECEIPT #

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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:	Tim L. Tennert & Sheila A. Frerick		
	Mailing Address:	62 Peron Valley Pl		
	City/State/ZIP:	Cle Elum Wa 98922		
	Day Time Phone:	509-304-4046 or 509-260-1524		
	Email Address:	Shefre og @ gmail.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 If different than land or	s and day phone of other contact person wner or authorized agent.		
	Name:			
	Mailing Address:			
	City/State/ZIP:			
	Day Time Phone:			
	Email Address:			
4.	Street address of prop	erty:		
	Address:	62 Pecon Valley PI		
	City/State/ZIP:	Cle Eliem, Wa 98922		
5.	Legal description of property (attach additional sheets as necessary): (20-14-35052-0044) IN 50Ction 35, To 20N, R. 14E			
6.	Tax parcel number:	526434		
7.	Property size:	19 acres (acres)		
8.	Land Use Information	•		
	Zoning:	Comp Plan Land Use Designation:		

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, 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.
 - B. 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 authorization 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

11. 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 lim 2 Ten - Thericles	8-16-17	

Project narrative for the "Zoning Variance Application".

Property Owners: Tim L. Tennert and Sheila A. Frericks

AUG 16 2017

Project site: 62 Pecon Valley Place., Cle Elum, WA 98922

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Tax Parcel #526434 (20-14-35052-0064) in section 35, T.20N, R.14E.

Project Description: See attached site plans

Zoning setback variance request to allow a 5-foot side yard setback and 20-foot front yard setback, reduced from 15 feet and 25 feet respectively as per detailed site plan.

This variance request is necessary to allow for property improvements including the attached proposed dwelling design for the owners, and adequate designated front parking.

This property was approved in 1985 as per the attached septic design, for a 2 Bedroom dwelling. Since then the property zoning laws have changed leaving inadequate space for this improvement resulting in loss of property value. The surrounding properties in our cul-de-sac have all been developed.

Please consider granting this request for the zoning variance.

Sincerely,

Tim L. Tennert and Sheila A. Frericks

509-304-4046

509-260-1524

KITTITAS COUNTY HEALTH DEPARTMENT

507 Nanum Street, Ellensburg, WA 98926-2898 | Telephone: (509) 962-6811, ext. 109 505 Power Street, Cle Elum, WA 98922-1047 | Telephone: (509) 674-5513

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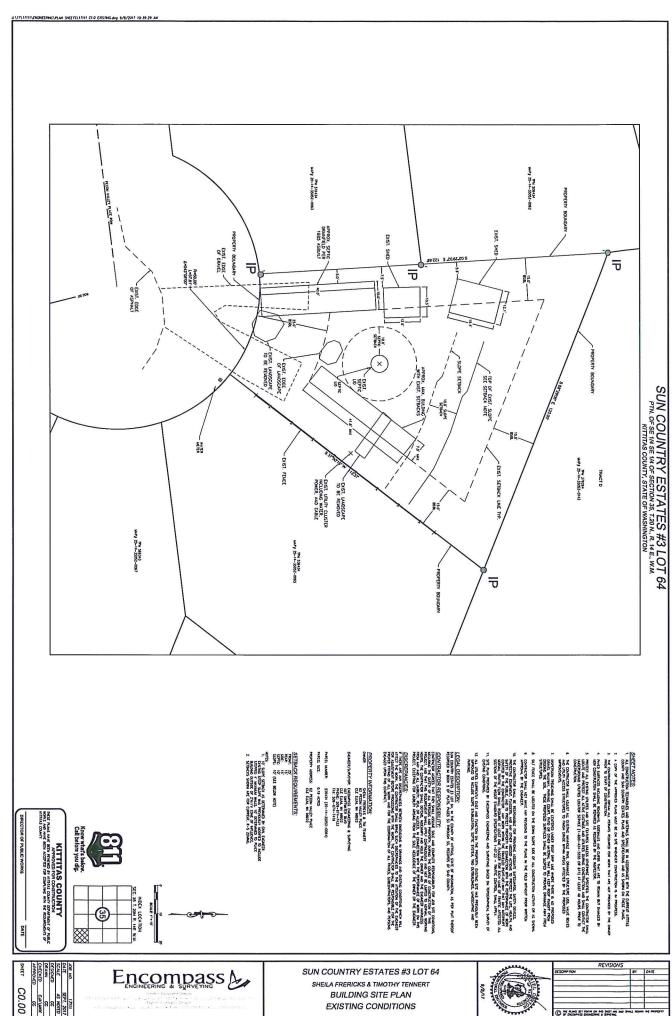
ON-SITE SEWAGE SYSTEM

SITE EVALUATION REQUEST / PERMIT APPLICATION

SITE EVALUATION AND/OR PERMIT APPLICATION INFORMATION	SEWAGE SYSTEM DESIGN INFORMATION
SITE EVALUATION AND/OR PERMIT APPLICATION INFORMATION REQUESTED BY: Name: H. H. Hooker Mailing Address: Rt 2 Bax 2/2915 Senton City WA 99320 Telephone: () Signature: Owner, if different than above: Name: Mailing Address: Telephone: () SITE:	Date: _ / _ Obtained by: Perc Rate (ONLY IF PERFORMED): Depth of seasonal high water table: Date & How determined: _ /
Sitte: Subdivision: Scar Country Coal Estates Division: Range: Section: Township: Range: Assessor's Parcel (Card) Number: Directions to site: Sast No. Country Range	water table: Proposed disposal area cut and/or fill: Permit: New Repair Renewal Privy Septic Tank: 1600 gallons new existing Liquid waste: gallons per day anticipated Absorption area: 250 square feet (gpd/sq. ft.) (Designer's Signature: Date
STRUCTURE:	Installer: ON THE REVERSE, DRAW AND DESIGNATE THE FOLLOWING: 1) property lines (w/dimensions), roads, driveways, fences, utility lines, easements 2) topography - banks, swales, cuts and fills, drainage ways, ground slope (%), North axis 3) proposed and existing dwellings, barns, corrals, pump houses, garages, etc. 4) surface waters (w/in 300 ft.) - creeks, lakes, ponds, irrigation ditches, interceptor drain(s) & outlet(s) 5) domestic water source(s) and water lines (including neighbors' w/in 300 ft.) 6) proposed system (w/dimensions), replacement area, existing systems (w/in 300 ft.), location of soil log hole and/or perc test holes
FOR DEPART	
Date Activity Fee Receipt 7/19/85 Site Evaluation of 190. 1728 Tessue Permit SITE: X suitable	Flood Plain / Way: D.O.E. Permitreq'dx not req'd. DESIGN: final review pending:

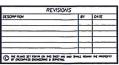
Septic Tank Capacity (QQQ gals, Sq. ft. of absorption area Z. S. C. Address and Location Survey County Estates III, lot 64 This Permit expires one year from date of issuance. The above specifications are minimum. Changes in specifications shall be approved before construction. Health Department Regulation requires that Comments Tustall as designed Reason for Disapproval..... all new or altered sewage disposal systems be inspected and approved before covering. Twenty four No. Bedrooms 24 Type of bldg. 5/49/5 family New or existing / Eul Approved by.... hours advance notice required for inspections Installer Orea Kiesh 507 N. Nanum Sizeet • Ellensburg, Washington 98926 • Phone 925-1465 Permit to Install or Alter a Sewage Disposal System 20-14-3552-COGY Soil tester-designer () Issued by XOON Date 1/22/

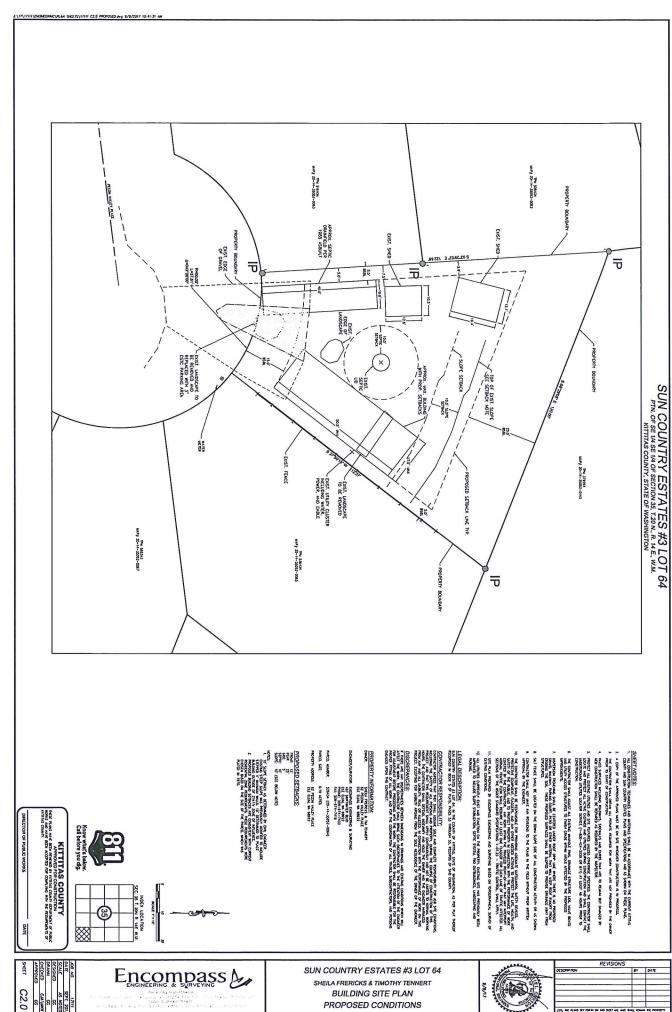
Pecan Walley P.



EXISTING CONDITIONS

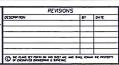


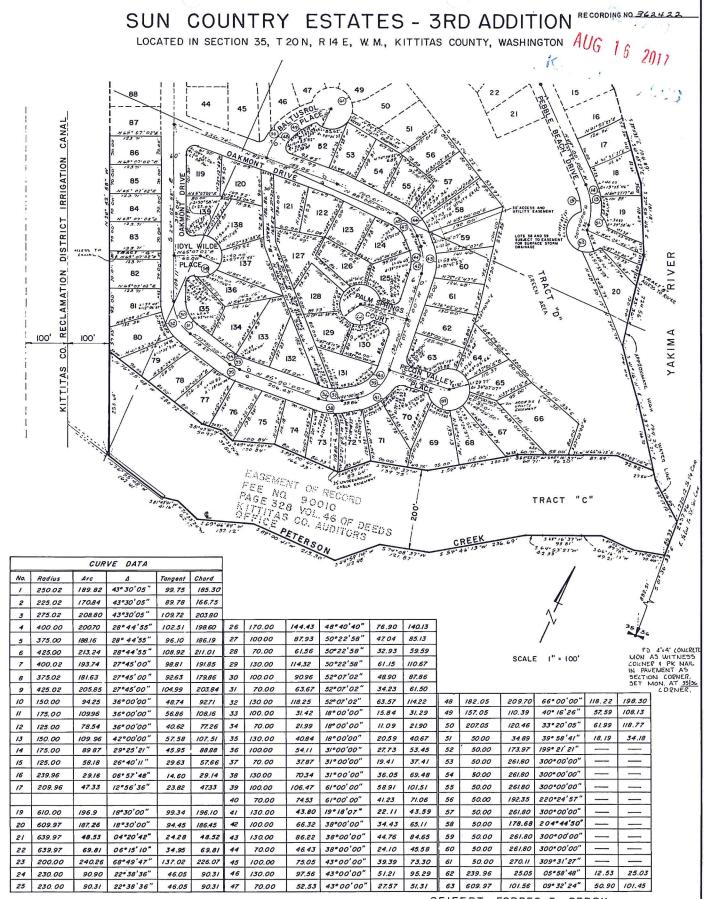




BUILDING SITE PLAN PROPOSED CONDITIONS







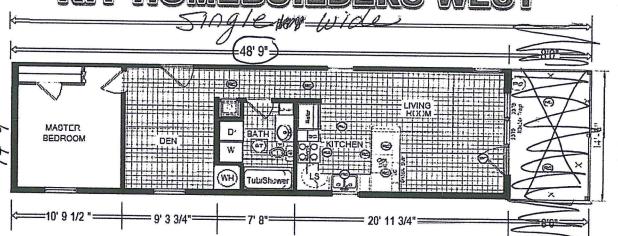
SEIFERT, FORBES & BERRY ARCHITECTS & ENGINEERS - TACOMA, WASHINGTON

Proposed Vacation/Retirement Summer Home AUG 16 2017













INCLUDED FEATURES

Std. Set Up & Delivery (100 miles)

Energy Star Insulation

8' Covered Porch

Foundation Ready

2x6 Exterior Walls

Architechural Shingles

Montana Timber Trim Accents

50 Year Smart Siding

Yellow Stone Window Dormer

7:12 Roof Pitch

2x4 Interior Walls

Natural Wood Cabinets

Fridgidaire Appliances

Cresent Edge in Kitchen with Tile Accent

Lazy Susan

Can Lighting

Open Den Feature or 2nd Bedroom

Linoleum Throughout for Easy Cleaning

OPTIONAL FEATURES TO CONSIDER

Metal Roof with 6:12 Pitch

Roof Snow Load Up to 150LBS

Stretch or Shrink the Floor Plan to Fit Your Needs Siding Materials: Montana Timber Stained Wood, Vinyl Lap, Log, and Hardi Cement Lap Siding Storage Loft w/Skywindow (ask to see pictures) Laminate Flooring, Nafco Tile, Upgrade Carpets Solid Core Interior Doors Stained to Match Trim Appliance Upgrades

, CO3

Shower and Tub Upgrades

CONTACT INFORMATION

DeTray's Custom Housing LLC

10209 149th St E

Puyallup, WA 98374

1-800-588-1116

253-840-6773

www.detrayscustomhousing.com