



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

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Office (509) 962-7506

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VA-18-00003

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:

| | |
|-------------------|--|
| \$1,800.00 | Kittitas County Community Development Services (KCCDS) |
| \$415.00 | Kittitas County Environmental Health |
| \$65.00 | Kittitas County Fire Marshal |
| \$2,280.00 | 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 • FIRE INVESTIGATION

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: DAVID WARMENHOVEN/BOX WOOD BUILDERS
Mailing Address: 5139 NE 8TH PL.
City/State/ZIP: RENTON, WA 98059
Day Time Phone: 425-761-4013
Email Address: davew@momentumpower.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: 1411 SNOQUALMIE DRIVE
City/State/ZIP: SNOQUALMIE PASS, WA 98068

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

LOT 135 OF HYAK ESTATES ACCORDING TO THE PLAT
RECORDED IN VOLUME 4 OF PLATS AT PAGE 36/37

6. Tax parcel number: 438535 RECORDS OF KITTITAS COUNTY, WASHINGTON

7. Property size: APPROX .17 (acres)

8. **Land Use Information:**

Zoning: _____ Comp Plan Land Use Designation: _____