



**KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES**

411 N. Ruby St., Suite 2, Ellensburg, WA 98926  
CDS@CO.KITTTITAS.WA.US  
Office (509) 962-7506

**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:**

\$1,840.00	Kittitas County Community Development Services (KCCDS)
\$510.00	Kittitas County Environmental Health
\$65.00	Kittitas County Fire Marshal
<b>\$2,415.00</b>	<b>Total fees due for this application</b> (One check made payable to KCCDS)

**For Staff Use Only**

Application Received By (CDS Staff Signature):

*HS*

DATE: 10-20-20

RECEIPT # CD20-02967



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: Brooks Tuttle  
Mailing Address: Po Box 504  
City/State/ZIP: Ronald WA 98940  
Day Time Phone: 425-324-5967  
Email Address: bratuttle@peak.org

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: 10 Cascade View Dr.  
City/State/ZIP: Ronald WA 98940

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

20-14-12051-0524, Pine Loch sun #3 lot 24 block E Sec 12;  
Twp. 20; Rge. 14

6. **Tax parcel number:** 360134

7. **Property size:** .35 ac (acres)

8. **Land Use Information:**

Zoning: Residential type 1 Comp Plan Land Use Designation: \_\_\_\_\_  
IR-1

**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 Brooks Jettis

10/14/20