



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTITAS.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.

ATTACHED

APPLICATION FEES:

\$1,840.00	Kittitas County Community Development Services (KCCDS)
\$275.00	Kittitas County Environmental Health
\$65.00	Kittitas County Fire Marshal
\$2,180.00	Total fees due for this application (One check made payable to KCCDS)

For Staff Use Only

Application Received By (CDS Staff Signature): <div style="text-align: center; font-size: 2em; font-family: cursive;">HB</div>	DATE: <div style="text-align: center; font-size: 1.5em;">1-27-21</div>	RECEIPT # <div style="text-align: center; font-size: 1.5em;">CD21-00245</div>	
<div style="text-align: right; font-weight: bold; font-size: 0.8em;">DATE STAMP IN BOX</div>			

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: MARCUS WARD
Mailing Address: 7210 SE 29TH ST
City/State/ZIP: MERCER ISLAND WA 98040
Day Time Phone: 206 300 3248
Email Address: SEAWARD206@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: NONE
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: NONE
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

4. **Street address of property:**

Address: 60 CHAMONIX PL
City/State/ZIP: SNOQUIMIE PASS WA 98068

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

SEE ATTACHED EXHIBIT A

6. **Tax parcel number:** 398535

7. **Property size:** .17 (acres)

8. **Land Use Information:**

Zoning: RESIDENTIAL Comp Plan Land Use Designation: _____

