



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

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Office (509) 962-7506

“Building Partnerships – Building Communities”

ACCESSORY DWELLING UNIT PERMIT APPLICATION

(Proposing an Accessory Dwelling Unit, per Kittitas County Code 17.08.022 and 17.15, when ADU is located outside an Urban Growth Area)

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

- A scaled site plan showing lot area, proposed/existing buildings, setbacks, points of access, roads, parking areas, water system components, septic tank, drainfield, drainfield replacement area, areas to be cut and/or filled, and natural features (i.e. contours, streams, gullies, cliffs, etc.)
- Project Narrative responding to Questions 9-13 on the following pages.

APPLICATION FEES:*

* FEES BASED ON ADMINISTRATIVE USE PERMIT

\$1,460.00	Kittitas County Community Development Services (KCCDS) (SEPA exempt)
0.00	Kittitas County Department of Public Works
0.00	Kittitas County Fire Marshal

\$1,460.00 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
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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: _____

Mailing Address: _____

City/State/ZIP: _____

Day Time Phone: _____

Email Address: _____

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: _____

City/State/ZIP: _____

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

6. Tax parcel number: _____

7. Property size: _____ (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, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- 10. **Describe how this proposal meets the criteria of 17.60B.050 for Administrative Uses.**
- 11. **Describe the development existing on the subject property and associated permits.** List permit numbers if know. (i.e. building permits, access permits, subdivisions)
- 12. **Name the road(s) or ingress/egress easements that provide legal access to the site.**
- 13. **An Accessory Dwelling Unit is allowed only when the following criteria are met.** Please describe in detail how each criteria found in KCC 17.08.022 is met for this particular project:
 - A. ADU's shall be allowed as a permitted use within designated Urban Growth Areas
 - B. ADU's shall be subject to obtaining an Administrative Use permit in areas outside Urban Growth Areas
 - C. There is only one ADU on the lot.
 - D. The owner of the property resides in or will reside in either the primary residence or the ADU.
 - E. The ADU does not exceed the square footage of the habitable area of primary residence.
 - F. The ADU is designed to maintain the appearance of the primary residence.
 - G. The ADU meets all the setback requirements for the zone in which the use is located.
 - H. The ADU has or will meet the applicable health department standards for potable water and sewage disposal.
 - I. No mobile homes or recreational vehicles shall be allowed as an ADU.
 - J. The ADU has or will provide additional off-street parking.
 - K. The ADU is not located on a lot in which a Special Care Dwelling or an Accessory Living Quarter already exists.
 - L. The ADU must have adequate acreage to meet maximum density within the zone classification.

AUTHORIZATION

- 14. 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 _____
