



# 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)

\$275.00 Kittitas County Environmental Health

\$65.00 Kittitas County Fire Marshal

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**\$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):  _____	DATE:  _____	RECEIPT #  _____	<b>DATE STAMP IN BOX</b>
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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: \_\_\_\_\_

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, 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 \_\_\_\_\_

\_\_\_\_\_