

H-11 AU-26-00007



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

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.

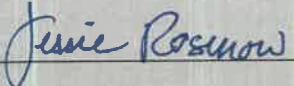
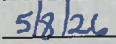
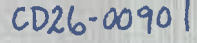
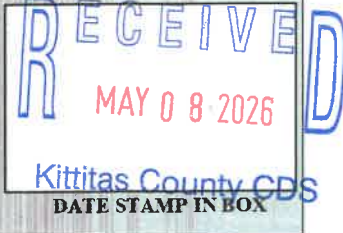
APPLICATION FEES:*

* FEES BASED ON ADMINISTRATIVE USE PERMIT

\$1,570.00	Kittitas County Community Development Services (KCCDS) (SEPA exempt)
0.00	Kittitas County Department of Public Works
0.00	Kittitas County Fire Marshal

\$1,570.00 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): 	DATE: 	RECEIPT # 	
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COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

FORM LAST REVISED: 3-8-2024

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: Kelly & Michelle Hill
Mailing Address: 460 Flying W Dr
City/State/ZIP: Cle Elum WA 98922
Day Time Phone: 509 260 1121
Email Address: alpinevalleyconstruction@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: Kelly Hill
Mailing Address: PO Box 606
City/State/ZIP: Cle Elum WA 98922
Day Time Phone: 509 260 1121
Email Address: alpinevalleyconstruction@gmail.com

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: 460 Flying W Dr. Cle Elum
City/State/ZIP: Cle Elum WA 98922

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

PTN. SE 1/4 of SE 1/4 Sec. 28 & PTN N. 1/2 of NE 1/4
Sec. 33 T. 20, R. 16.

6. **Tax parcel number:** 20-16-33010-0014

7. **Property size:** 3.41 (acres)

8. **Land Use Information:**

Zoning: Rural Residential Comp Plan Land Use Designation: Ag 5

guest house

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 in detail how this proposal meets the criteria of 17.60B.050 for Administrative Uses.**
 - 1. That the granting of the proposed administrative use permit approval will not:
 - i. Be detrimental to the public health, safety, and general welfare;
 - ii. Adversely affect the established character of the surrounding vicinity and planned uses; nor
 - iii. Be injurious to the uses, property, or improvements adjacent to, and in the vicinity of, the site upon which the proposed use is to be located.
 - 2. That the granting of the proposed administrative use permit is consistent and compatible with the intent of goals, objectives and policies of the comprehensive plan, and any implementing regulation.
 - 3. That all conditions necessary to mitigate the impacts of the proposed use are conditions that are measurable and can be monitored and enforced.
 - 4. That the applicant has addressed all requirements for a specific use.
- 11. **Describe the development existing on the subject property and associated permits.** List permit numbers if known. (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 indicate if the ADU criteria found in KCC 17.15 is met by this project:
 - A. The parcel must be at least 3 acres in size (**Resource & Rural Non-LAMIRD Lands Only**) **YES** or NO
 - B. The lot size must be at least 6,000 square feet (**Rural LAMIRD Lands Only**) **YES** or NO
 - C. Only one ADU shall be allowed per lot **YES** or NO
 - D. The ADU shall not exceed 1,500 square feet **YES** or NO
 - E. All setback requirements for the zone in which the ADU is located shall apply **YES** or NO
 - F. The ADU shall meet the applicable health department standards for potable water and sewage disposal, including providing adequate water supplies under RCW 19.27.097 **YES** or NO
 - G. No mobile homes or recreational vehicles shall be allowed as an ADU **YES** or NO
 - H. The ADU shall provide additional off-street parking **YES** or NO
 - I. An ADU is not permitted on the same lot where a special care dwelling or an Accessory Living Quarters exists **YES** or NO
 - J. The ADU must share the same driveway as the primary dwelling **YES** or NO

AUTHORIZATION

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]

12-15-25

Signature of Land Owner of Record
(Required for application submittal):

Date:

X [Signature]

12-15-25

Michelle K. Hill