KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES
411 N. Ruby St., Suite 2, Ellensburg, WA 98926
CDS@CO.KITTITAS.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)

AU-26-00008

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): Turner Englehart
Digitally signed by Turner Englehart
DN: C=US, E=turner.englehart@co.kittitas.wa.us, O=KCCDS, CN=Turner Englehart
Date: 2026.07.10 09:00:46-07'00'

DATE: 7/10/26

RECEIPT # CD26-01325

KITTITAS CO CDS
RECEIVED
07/10/2026

DATE STAMP IN BOX

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: Keith + Heather Sellers

Mailing Address: 21418 114th Ave SE

City/State/ZIP: Snohomish, WA 98296

Day Time Phone: 425-301-4115

Email Address: Keith.d.sellers@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: Erin Minton

Mailing Address: PO Box 745

City/State/ZIP: Easton, WA 98925

Day Time Phone: 360-507-2240

Email Address: minton-erin@hotmail.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: 3310 Kachess Lake Rd.

City/State/ZIP: Easton, WA 98925

5. **Legal description of property (attach additional sheets as necessary):** Acres 6.08; Lodge Creek Estates Short Plat 04-21, Lot A4; SEC 13, TWP 21, RGE 12

6. **Tax parcel number:** 20491

7. **Property size:** 6.08 acres **(acres)**

8. **Land Use Information:**

Zoning: residential 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 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) BP-19-00085

12. **Name the road(s) or ingress/egress easements that provide legal access to the site.** Kachess Lake Rd.

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 Existing 960'	(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 he 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)
X Erin Minton

Date: 5/22/24

Signature of Land Owner of Record
(Required for application submittal):
X [signature]

Date: 6/6/2024

Sellers ADU Permit Application

Project Narrative

9. Narrative project description-

The address for the project is 3310 Kachess Lake Rd. Easton, WA 98925. The property has an existing one-bedroom barndominium that was completed in 2020 and is associated with building permit number BP-19-00085. It has an existing well and a four-bedroom septic. The plan is to build a new three-bedroom house and convert the existing barndominum into the ADU.

10. Describe in detail how this proposal meets the criteria of 17.60B.050 for Administrative Uses.

The project follows all allowable uses under the ADU permit application. The parcel is 6.08 acres, the existing structure has approximately 960 sq ft of living space, meets all setback requirements, and has approved permits with Public Health for both water and sewer. It has no adverse impacts regarding public health, safety and general welfare- it's converting an existing structure into an ADU to allow the property owners to build a new residence. Both structures will use the existing driveway, existing well, and existing septic that was designed to accommodate the future plan.