PF-26-00001

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"

PUBLIC FACILITIES PERMIT APPLICATION

(A written decision by Kittitas County Community Development Services authorizing a public facility use to locate at a specific location, per KCC 17.62)

*A **preapplication conference** is encouraged for this permit. The more information the County has early in the development process, the easier it is to identify and work through issues and conduct an efficient review. To schedule a preapplication conference, complete and submit a Preapplication Conference Scheduling Form to CDS. Notes or summaries from preapplication conference should be included with this application.*

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/existing buildings, points of access, roads, parking areas, septic tank, drainfield, drainfield replacement area, areas to be cut and/or filled, natural features such as contours, streams, gullies, cliffs, etc.
- ☐ SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
  - Please pick up a copy of the SEPA Checklist if required)

  Not required per pre-application meeting notes.
- ☐ Project Narrative responding to Questions 9-10 on the following pages.

APPLICATION FEES:

$2,320.00 Kittitas County Community Development Services (KCCDS)
$1,215.00* Kittitas County Public Works

$3,535.00 Total fees due for this application (One check made payable to KCCDS)
*5 hours of review included in Public Works Fee. Additional review hours will be billed at $243 per hour.

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): Jessie Rosenow

DATE: 8/4/26

RECEIPT # CD26-01540

KITTITAS CO CDS
RECEIVED
08/04/2026

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: Kittitas County (Airport)

Mailing Address: C/O Kittitas County Auditor, 205 W 5th Ave Ste 105

City/State/ZIP: Ellensburg, WA 98926-2891

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: LMN Architects

Mailing Address: C/O Erik Perka, 801 2nd Ave Ste 501

City/State/ZIP: Seattle WA, 98104

Day Time Phone: (206) 682-3460

Email Address: eperka@lmnarchitects.com

3. **Name, mailing address and day phone of other contact person**
If different than land owner or authorized agent.

Name: Central Washington University

Mailing Address: C/O Dave Kopczynski, 400 E. University Way

City/State/ZIP: Ellensburg WA, 98926-7523

Day Time Phone: (509) 963-3305

Email Address: David.Kopczynski@cwu.edu

4. **Street address of property:**

Address: 1101 E. Bowers Rd

City/State/ZIP: Ellensburg WA, 98926

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

6. **Tax parcel number:** 955337

7. **Property size:** 2.37 **(acres)**

8. **Land Use Information:**

Zoning: Light Industrial - Airport Overlay Zone

Comp Plan Land Use Designation: Urban Land Use - Urban Growth Area

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. **Explain in detail whether granting the proposed Public Facilities Permit will cause each any of the following:**
    - Be detrimental to the public health, safety, and general welfare?
    - Be injurious to the property or improvements adjacent to, and in the vicinity of, the site upon which the proposed use is to be located?
    - Adversely affect the established character of the surrounding vicinity?

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)

X Erik Perka

Digitally signed by Erik Perka
DN: C=US, E=eperka@lmnarchitects.com, O=LMN Architects, CN=Erik Perka
Date: 2026.07.30 14:16:52-07'00'

Date: 7/30/2026

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

X

Date: 7/31/2026