



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926
CDS@CO.KITTITAS.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:

\$2,000.00 Kittitas County Community Development Services (KCCDS)
\$260.00 Kittitas County Environmental Health
\$500.00 Kittitas County Public Works
\$65.00 Kittitas County Fire Marshal

\$2,825.00 Total fees due for this application (One check made payable to KCCDS)

For Staff Use Only

Application Received By (CDS Staff Signature): Jessie Rosenow
DATE: 2/25/26
RECEIPT #: CD26-00341
KITTTITAS CO CDS RECEIVED 02/25/2026
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: Axel Johnson
Mailing Address: 290 Ridgewater Dr
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: 253.571.8114
Email Address: Tararosejohnson@hotmail.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: _____
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: 581 Canyon Heights Dr
City/State/ZIP: Cle Elum, WA 98922

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

ACRES 1.97; RESERVOIR CANYON HEIGHTS, LOT 7; SEC 04, TWP 19, RGE 15

6. Tax parcel number: 640236

7. Property size: 1.97 (acres)

8. Land Use Information:

Zoning: Rural 5 Comp Plan Land Use Designation: Residential

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 *Axel Johnson* _____

02.17.2026 _____