

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

ADMINISTRATIVE USE PERMIT APPLICATION

*(Proposing an Accessory Dwelling Unit outside of a designated Urban Growth Area or Urban Growth Node)
(Kittitas County Code 17.60B)*

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO KCC 15A.03.030, 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

- ADDRESS LIST OF ALL LANDOWNERS WITHIN 500 FEET OF THE SUBJECT PARCEL(S). IF ADJOINING PARCELS ARE OWNED BY THE APPLICANT, THEN THE 500 FOOT AREA SHALL EXTEND FROM THE FARTHEST PARCEL. IF THE PARCEL IS WITHIN A SUBDIVISION WITH A HOMEOWNERS' OR ROAD ASSOCIATION, THEN PLEASE INCLUDE THE MAILING ADDRESS OF THE ASSOCIATION.
- SITE PLAN OF THE PROPERTY WITH ALL PROPOSED 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.

APPLICATION FEE:

\$1,000.00 payable to Kittitas County Community Development Services (KCCDS)

Accessory Dwelling Units and Special Care Dwellings are exempt from SEPA

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

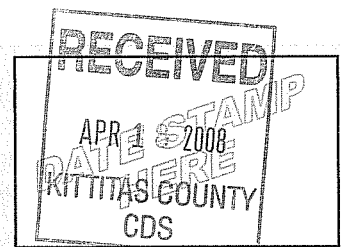
Becca Sandnes

DATE:

4/18/08

RECEIPT #

045



NOTES:

1. **Name, mailing address and day phone of land owner(s) of record:**
Landowner(s) signature(s) required on application form.

Name: Dwane Dobbs
Mailing Address: 100 Quail Valley Rd.
City/State/ZIP: Cle Elum, wa 98922
Day Time Phone: 509-312-0973
Email Address: ddobbs124@yahoo.com

2. **Name, mailing address and day phone of authorized agent, if different from land owner 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. **Street address of property:**

Address: 100 Quail Valley Rd.
City/State/ZIP: Cle Elum wa 98922

4. **Legal description of property:**

Acres 4.00, Chantrelle - Phase 1, Lot 7 Sec. 34; Twp. 20; RGE 16

5. **Tax parcel number:** 20-11-3401-0007

6. **Property size:** 4 acres (acres)

7. **Zoning of property:** R3

8. **Narrative project description:** Please include 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 (be specific, attach additional sheets as necessary):

The proposed project is a 24'x24' garage with an attached "in-law" apartment. The attached apartment is 18'x34'. The ADU will use the same water supply and sewage disposal as the primary residence. The water supply is a well that is on the property.

9. Provision of the zoning code applicable: R3 17.30.090

10. Describe the development existing on the subject property and associated permits. List permit numbers if know. (i.e. building permits, access permits, subdivisions)

11. Name the road(s) or ingress/egress easements that provide legal access to the site.

Quail Valley Rd.

12. An Administrative Use Permit may be granted when the following criteria are met. Please describe in detail how each criteria is met for this particular project (attach additional sheets as necessary):

A. There is only one ADU on the lot.

Check One: yes no

B. The owner of the property resides in or will reside in either the primary residence or the ADU.

Check one: yes no

C. The ADU does not exceed the square footage of the habitable area of primary residence.

Check one: yes no

D. The ADU is designed to maintain the appearance of the primary residence. *Explain.*

The ADU apperance will be similar to primary residence
I.E Same Windows and Siding.

E. The ADU meets all the setback requirements for the zone in which the use is located. *Explain.*

The ADU will set back from road approximately 200'
back and 50' from the edge of property.

F. The ADU has or will meet the applicable health department standards for potable water and sewage disposal. *Explain.*

Yes. The ADU will use the same potable water and the sewage disposal that the primary residence uses.

G. The ADU has or will provide additional off-street parking. *Explain.*

The ADU will have a 2 space parking area in front of it.

H. The ADU is not located on a lot in which a Special Care Dwelling or an Accessory Living Quarter already exists.

Check one: yes _____ no

I. The proposed use is essential or desirable to the public convenience and not detrimental or injurious to the public health, peace, safety, or general welfare of the surrounding neighborhood. *Explain.*

The proposed use none threatening to the neighborhood.

J. The proposed use will not adversely affect the established character of the surrounding vicinity and planned uses. *Explain.*

The proposed use blend in with the character of the neighborhood.

K. The proposed use will not 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. *Explain.*

The proposed use will not be threatening to neighborhood.

- L. The granting of the proposed administrative use permit is consistent and compatible with the intent of goals, objectives and policies of the Kittitas County Comprehensive Plan, and any implementing regulation. *Explain.*

Yes it is compatible with the Comprehensive Plan.

13. 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 mailed to the Land Owner of Record and copies sent to the authorized agent.

Signature of Authorized Agent:
(REQUIRED if indicated on application)

Date:

X _____

Print Name _____

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

Date:

X Duane Dobbs

4-13-08

Print Name Duane Dobbs

Address List of Landowners within 500 feet of my parcel.

Bugni, Agnes
1370 Lambert RD
Cle Elum Wa 98922
Parcel #305834

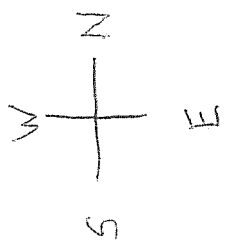
Carlson, John
PO Box 84004
Seattle Wa 98124
Parcel # 11341

Mc Kee, Scott
2016 42nd Ave E
Seattle Wa 98112
Parcel # 11342

Jenson, John
2323 NW 99th ST
Seattle Wa 98117
Parcel # 11340

Heffernan, Charlie
1516 2nd Ave W
Seattle Wa 98119
Parcel # 11319

Eusterbrock, Bryan
603 E Remington Dr
Ellensburg Wa 98926
Parcell # 11329



Community well houses

Well House

Well House

Well House

ADU
↓

Apartment
18' x 34'

24' x 24'
Garage

Quail Valley Rd.

Driveway

Primary Residence

Drain Field
↓

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Lambert Rd.