KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES



"Building Partnerships - Building Communities"

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506 Fax (509) 962-7682

COMPREHENSIVE PLAN AMENDMENTS DOCKETING

(Proposing a text or map amendment as part of annual docketing, pursuant to KCC 15A.10 and KCC 17.98)

	(1 roposing	g a text of map amenament as part of annual accreting, pursuant to ACC 13A.10 and ACC 17.90)						
CI		APPROPRIATE BOX(ES) SHOWING WHICH TYPE OF AMENDMENT IS REQUESTED: TO PLAN MAP COMP PLAN TEXT						
NOTE: If the amendment you are applying for is within an URBAN GROWTH AREA or you are proposing a UGA expansion of the Ellensburg, Cle Elum, or Roslyn UGA you are required to docket your item with that City as well. You must contact the appropriate City for filing deadlines, fees, application, and costs.								
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 the following features (as applicable): all 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.							
Q	SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)							
	Project Narrative responding to Questions 9-12 on the following pages.							
		A pay your France						
		APPLICATION FEES:						
	\$3,170.00 TEXT AMENDMENT: Kittitas County Community Development Services (KCCDS) – OR- \$3,460.00 MAP AMENDMENT: Kittitas County Community Development Services (KCCDS) \$600.00 SEPA Checklist: Kittitas County Community Development Services (KCCDS)							
	Based on amendment Total fees due for this application (One check made payable to KCCDS)							
		FOR STAFF USE ONLY						
A	application R	Received By CDS Staff Signature):						
		6-28-19 CD19-0004 6						
		QDATE STAMP IN BOX						

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT



GENERAL APPLICATION INFORMATION

	Landowner(s) signature(s) re							
	Name:	STEVE WILLARD APPLICAN	π					
	Mailing Address:	1312 BANDERS ROAD						
	City/State/ZIP:	ELLEUS BURG, WASHINGTON	98926					
	Day Time Phone:	206 660 2738						
	Email Address:							
2.		day phone of authorized agent, if different from a cated, then the authorized agent's signature is require						
	Agent Name:	HON PROSECT CODE AMENDM	SUT					
	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:	NON PROJECT CODE AME	LOMONT					
	Mailing Address:							
	City/State/ZIP:							
	Day Time Phone:							
	Email Address:							
4.	Street address of property:							
	Address:	non project code hims	nd weat					
	City/State/ZIP:							
5.	a amendment							
6.	Tax parcel number:	H/A						
7.	Property size:	N/A	(acres)					
8.	Land Use Information:							
	Zoning: N6N PROXE		Non Project					



PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

- 9. Narrative project description: For <u>all</u> proposed Comp Plan amendments, provide the following information:
 - a. Why is the amendment needed and being proposed?
 - b. How does the proposed amendment consistent with the County-Wide Planning Policies for Kittitas County?
 - c. How is the proposed amendment consistent with the Kittitas County Comprehensive Plan?
 - d. How have conditions changed that warrant a comprehensive plan amendment?
- 10. Transfer of Development Rights: According to KCC 17.13.080.2 some comprehensive plan amendments require a transfer of development rights. This process is described in KCC 17.13. Please describe whether this amendment will require transferred development rights, and if they are required, describe how this requirement will be met.
- 11. For map amendments attach the following additional information for each parcel involved:

a.	Parcel Information	NON PROJECT			
i.	Tax parcel number(s)	COCE AMENA MONT	iv.	Owner	
ii.	Total Acreage		v.	Mailing Address	
iii.	Site Address	1	vi.	Owner's Home Phone Numb	per
b. i. ii. iii.	Land Use Information Current and proposed comprehensive plan designation iv. Current and proposed zoning designation (Note: Rezone requests require separate Rezone application and fee).			Present use of the property Surrounding land use	non project coce amond mont

NON PRESECT COOE Ambusmont

- c. <u>Services:</u>
- i. Whether the site is currently served by sewer or septic
- ii. Name of sewer purveyor (if on public sewer system).
- iii. Whether the site is currently served by a public water system or well
- iv. Name of water purveyor (if on public water system)
- v. Whether the site is located on a public road or private road.
- vi. Name of road
- vii. Fire District
- 12. For text amendments, attach the following additional information

SEE Attached Exhibit

a. Identify the sections of the Comprehensive Plan and Zoning Ordinance that you are proposing to change and provide the proposed wording.

AUTHORIZATION

13. Application is hereby made for A COMPREHENSIVE PLAN AMENDMENT 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:	Date:
(REQUIRED if indicated on application) X	G 28/2019
Signature of Land Owner of Record (Required for application submittal):	Date:
X	Page 3 of 3

