



## 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

"Building Partnerships - Building Communities"

# ZONING CONDITIONAL AND ADMINISTRATIVE CONDITIONAL USE PERMIT APPLICATION

(Proposing a use, such as a Bed & Breakfast or Campground, per KCC 17.15 & 17.60A)

A <u>preapplication conference</u> 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 showing lot area, proposed buildings, 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.)
- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800) (Pick-up SEPA Checklist form if required)
- Project Narrative responding to Questions 9-11 on the following pages.

#### APPROVAL REQUESTED

☐ Conditional Use

Administrative Conditional Use

### APPLICATION FEES

1,565.00	Kittitas County Community Development Services (KCCDS)
418.00	Kittitas County Department of Public Works

329.00 Kittitas County Fire Marshal

235.00 Kittitas County Environmental Health

\$2,547.00 Fees due for this application when SEPA is not required (One check made payable to KCCDS)

\$3,107.00 Fees due for this application when SEPA is required (SEPA fee: \$560.00)

Application Received By (CDS Staff Signature):

DATE 1203

RECEIPT # SEP 14 2015

KITTITAS COUNTY
CDS

DATE STAMP IN BOX

# GENERAL APPLICATION INFORMATION

		and day phone of land owner(s) of record: (s) required on application form.			
	Name:	SKi Lifts Inc. with CNL Income Snoqualm	ing		
	Mailing Address:	PO Box 1068			
	City/State/ZIP:	Snoqualmine Pass, WA 98068	<del></del>		
	Day Time Phone:	425.433.6751			
	Email Address:	Dan Brewster			
		and day phone of authorized agent, if different from l indicated, then the authorized agent's signature is requir			
	Agent Name:	Cascadia PM, Angela Raymond			
	Mailing Address:	5501 NE 109th Court, Suite A2	<del></del>		
	City/State/ZIP:	Vancouver/WA/98662	<del></del>		
	Day Time Phone:	509.998.9015	<del></del>		
	Email Address:	angela.raymond@cascadiapm.com			
	Name:  Mailing Address:  City/State/ZIP:				
	City/State/ZIP:		-		
	Day Time Phone:				
	Email Address:				
١.	Street address of property:				
	Address:	State Route 906	manadamine.		
	City/State/ZIP:	Snoqualmie Pass, WA 98068			
		operty (attach additional sheets as necessary): west quarter of section 21 township 22 north range 11 east			
	Tax parcel number: 2	2-11-21000-0004 & 22-11-21000-0001			
	Property size: 50.36	ac & 40 ac	(acres)		
	Land Use Information:				
	Zoning: Forest and	Range Comp Plan Land Use Designation:	Forest		

### PROJECT NARRATIVE

Include responses as an attachment to this application

- 10. Narrative project description (include as attachment): Please include at minimum the following information in your description: describe project size, location, description of water system, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- Provision of the zoning code applicable: Chapter 17.60B,17.61.040, 17.56
- 12. A conditional use or administrative conditional use permit may be granted when the following criteria are met. Please describe in detail how each criteria from KCC 17.60A.015 is met for this particular project (attach additional sheets as necessary):
  - A. The proposed use is essential or desirable to the public convenience and not detrimental or injurious to the public health, peace, or safety or to the character of the surrounding neighborhood.
  - B. The proposed use at the proposed location will not be unreasonably detrimental to the economic welfare of the county and that it will not create excessive public cost for facilities and services by finding that:
    - i. It will be adequately serviced by existing facilities such as highways, roads, police and fire protection, irrigation and drainage structures, refuse disposal, water and sewers, and schools; or
    - ii. The applicant shall provide such facilities; or
    - iii. The proposed use will be of sufficient economic benefit to offset additional public costs or economic detriment.
  - C. The proposed use complies with relevant development standards and criteria for approval set forth in this title or other applicable provisions of Kittitas County Code.
  - D. The proposed use will mitigate material impacts of the development, whether environmental or otherwise.
  - E. The proposed use will ensure compatibility with existing neighboring land uses.
  - F. The proposed use is consistent with the intent and character of the zoning district in which it is located.
  - G. For conditional uses outside of Urban Growth Areas, the proposed use:
    - i. Is consistent with the intent, goals, policies, and objectives of the Kittitas County Comprehensive Plan, including the policies of Chapter 8, Rural and Resource Lands;
    - ii. Preserves "rural character" as defined in the Growth Management Act (RCW 36.70A.030(15));
    - iii. Requires only rural government services; and
    - iv. Does not compromise the long term viability of designated resource lands.

## **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:	Date:	
(REQUIRED if indicated on application)	9/11/2015	
Signature of Land Owner of Record (Required for application submittal):	Date:	
x		