

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"

SHORELINE EXEMPTION PERMITTING

(For projects located within 200 feet of a body of water and/or associated floodway and wetlands under the jurisdiction of the Shoreline Master Program)



REQUIRED INFORMATION / ATTACHMENTS

A scaled site plan is required showing location of all structures, driveways, well, septic, fences, etc. and proposed uses and distances from property lines, river, and Horizontal distance from OHWM. To show the Horizontal distance a profile view from the OHWM to the edge of structure/activity shall also be shown.

Include JARPA or HPA forms if required for your project by a state or federal agency.

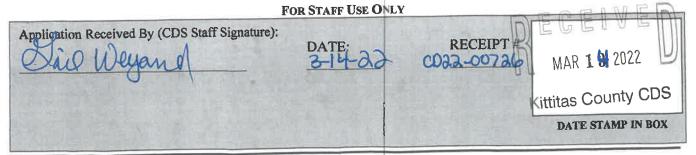
SEPA Checklist, if not exempt per WAC 197-11-800.

VSP sponsored fish hatchery enhancement project: please provide documentation signed by the current VSP coordinator for verification. (CDS & PW fees are waived for these projects**)

Please note a Shoreline Variance or Shoreline Conditional Use Permit may also be required. See Kittitas County Shoreline Master Program

APPLICATION FEES:

	Kittitas County Community Development Services**
\$550.00	Kittitas County Public Works**
\$1,110.00	Fees due for this application when SEPA is not required**
\$2 935 00	Fees due for this application when SEPA (\$1,825.00) is required** (One check made payable to KCCDS)



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

General Application Information

1.	Landowner(s) signature(s) required on application form.			
	Name:	DanjeChappelle		
	Mailing Address:	4222 SE Newport Way		
	City/State/ZIP:	Bellevue, WA 98006		
	Day Time Phone:	206-450-7448		
	Email Address:	dan chappelle @ yahoo. com		
2.	Name, mailing address	s and day phone of authorized agent, if different from landowner of record: is indicated, then the authorized agent's signature is required for application submittal.		
	Agent Name:	Northwest Custom Builders & Design		
	Mailing Address:	POBOX 64/		
	City/State/ZIP:	CleElum, WA 98922		
	Day Time Phone:	509-656-6300		
	Email Address:	NWCBDLLC@gmail. com		
3.		s and day phone of other contact person wner or authorized agent.		
	Name:			
	Mailing Address:			
	City/State/ZIP:			
	Day Time Phone:			
	Email Address:	The state of the second		
4.	Street address of prop			
	Address:	1211 Wapiti Drive		
	City/State/ZIP:	Cle Elum, WA 98922		
5.	Legal description of p	roperty: (attach additional sheets as necessary) Drive Cle Elum, WA 98922		
6.	Tax parcel number(s)	620534		
7.	Property size: 0.	48 acres (acres)		

Project Description

1.	New construction - Single f bedrooms	amily residence with 4		
2.	What is the primary use of the project (e.g. Resident Resident)	ial, Commercial, Public, Recreation)?		
3.	What is the specific use of the project (e.g. single fan 5: ngle family home	nily home, subdivision, boat launch, restoration project)?		
4.	Fair Market Value of the project, including material	s, labor, machine rentals, etc. # 500, ©00.00		
5.	5. Anticipated start and end dates of project construction: Start 6/2022 End 6/20			
	<u>Authori</u>	zation		
	with the information contained in this application, and t is true, complete, and accurate. I further certify that I p	hat to the best of my knowledge and belief such information ossess the authority to undertake the proposed activities. I made, the right to enter the above-described location to		
	respondence and notices will be transmitted to the Lan tact person, as applicable.	d Owner of Record and copies sent to the authorized agent		
Signat	cure of Authorized Agent: UIRED if indicated on application)	Date:		
X				
Signat (Requi	ture of Vard Owner of Record Date: ired for application submittal):	28 Jm 2022		
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