

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

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A scaled site plan is required showing <u>location of all</u> structures (including decks), driveways/impervious surfaces, well, septic, propane tanks, 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.

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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:**

\$600.00	Kittitas County Community Development Services**
\$550.00	Kittitas County Public Works**
\$1,150.00	Fees due for this application when SEPA is not required**
\$2,960.00	Fees due for this application when SEPA (\$1,810.00) is required** (One check made payable to KCCDS)

Application Received By (CDS Staff Signature):

DATE:

1-3-1013

SX - 13-00015

RECEIPT #

NOV 1 3 2023

Kittitas County CDS

DATE STAMP IN BOX

## **General Application Information**

egal description of proceedings of the proceedings of the procedure of the	EASTON, WA 48925 roperty: (attach additional sheets as necessary)	
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Agent Name:		
Name, mailing address of an authorized agent is	s and day phone of authorized agent, if different from land is indicated, then the authorized agent's signature is required;	lowner of record: for application submittal.
Email Address:	puddicata jundo cam	
Day Time Phone:	253-666-2592	
City/State/ZIP:	LAKE TAPPS WA 98391	
Mailing Address:	17319 45th St &	
Jame:	CATHY HOVELAND	
	Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Name, mailing address: Agent Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: City/State/AIP: City/State/ZIP: City/State/AIP: City/	Mailing Address:    17319 45

### **Project Description**

1.	Briefly summarize the purpose of the project:  Building A GARAGE							
2.	2. What is the primary use of the project (e.g. Residential, Commercial, Public, Recreation)?							
3.	What is the specific use of the project (e.g. single family home subdivision, boat launch, restoration project)?							
4.	4. Fair Market Value of the project, including materials, labor, machine rentals, etc.							
5.	5. Anticipated start and end dates of project construction: Start End							
		Authoriz	ation					
	Application is hereby made for permit(s) with the information contained in this app is true, complete, and accurate. I further chereby grant to the agencies to which this inspect the proposed and or completed wo	lication, and the certify that I po application is	nat to the best of my kno essess the authority to u	wledge and belief such idertake the proposed ac	information tivities, I			
	respondence and notices will be transmitt act person, as applicable.	ed to the Land	d Owner of Record and	copies sent to the auth	orized agent			
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