

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 (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.
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

SX-25-00006

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)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

DATE: 6/27/25

RECEIPT # CD25-01333

KITTITAS CO CDS RECEIVED 06/27/2025

DATE STAMP IN BOX

General Application Information

1. Name, mailing address and day phone of land owner(s) of record:

Landowner(s) signature(s) required on application form.

Name: Scott Mosley
Mailing Address: 14872 250th Pl Se
City/State/ZIP: Issaquah WA 98027
Day Time Phone: 509-306-9455
Email Address: smosley@burkeelectric.com

2. Name, mailing address and day phone of authorized agent, if different from landowner 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. Name, mailing address and day phone of other contact person

If different than land owner or authorized agent.

Name: _____
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

4. Street address of property:

Address: _____
City/State/ZIP: _____

5. Legal description of property: (attach additional sheets as necessary)

SUMMERSIDE ADDITION LOT 22, BLOCK 3 (B45/P238) SEC 1; TWP 19; RGE 14

6. Tax parcel number(s): 615334

7. Property size: 1.13 (acres)

Project Description

1. Briefly summarize the purpose of the project:

Build a 30'x 40' carport

2. What is the primary use of the project (e.g. Residential, Commercial, Public, Recreation)?

Recreation

3. What is the specific use of the project (e.g. single family home, subdivision, boat launch, restoration project)?

Year round parking/storage for Cars and travel trailer

4. Fair Market Value of the project, including materials, labor, machine rentals, etc. \$75,000

5. Anticipated start and end dates of project construction: Start Sept 1 End Sept 15th

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:
(REQUIRED if indicated on application)

Date:

X _____

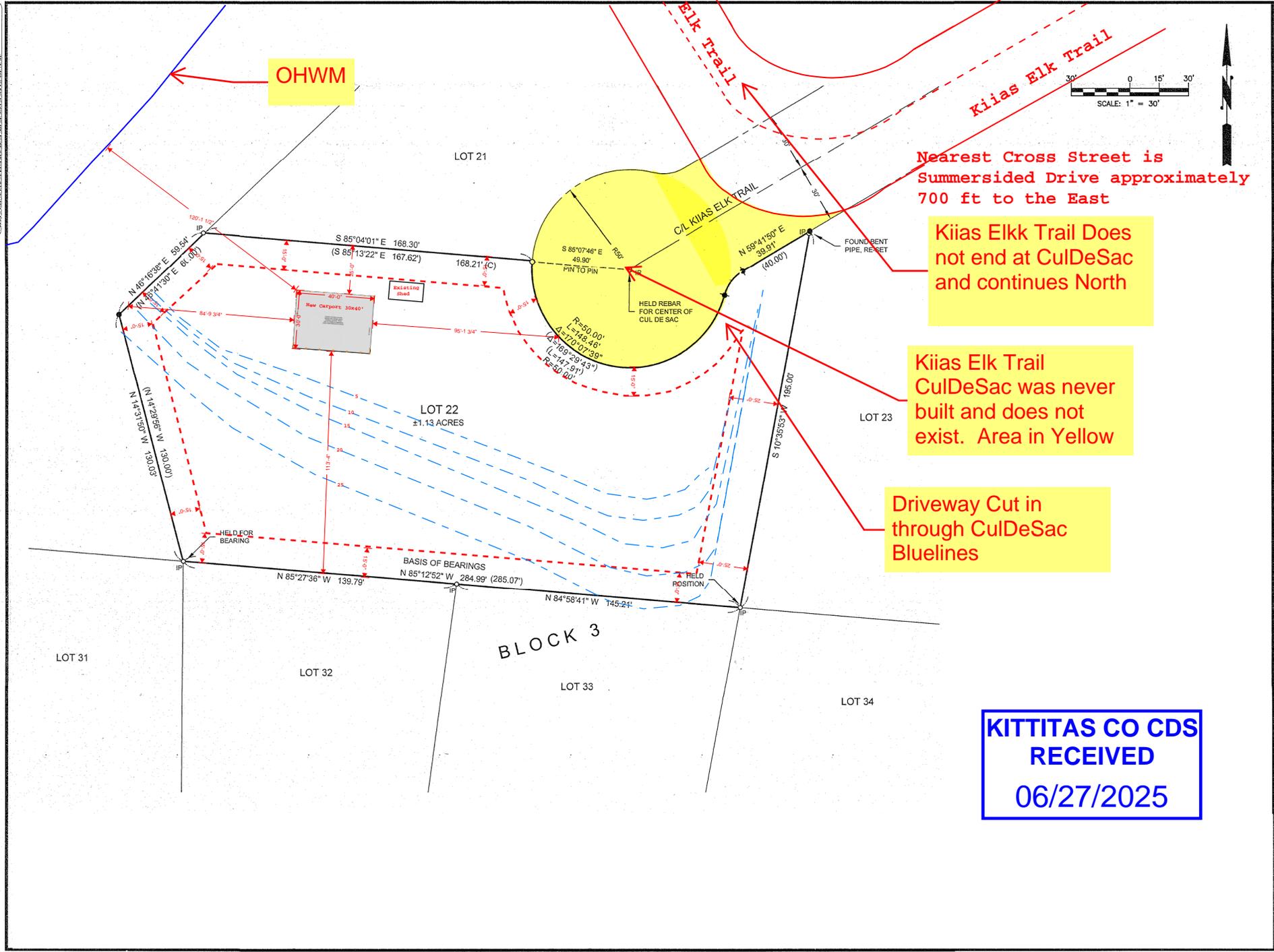
Signature of Land Owner of Record
(Required for application submittal):

Date:

X _____

45/238

10/10/2023 03:50:07 PM V: 45 P: 238 2023101000026
SURVEYING
PROGRAMS
CADD
CADD



OHWM

Nearest Cross Street is Summersided Drive approximately 700 ft to the East

Kias Elkk Trail Does not end at CulDeSac and continues North

Kias Elk Trail CulDeSac was never built and does not exist. Area in Yellow

Driveway Cut in through CulDeSac Bluelines

KITTITAS CO CDS RECEIVED
06/27/2025