



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\*\*\*

**APPLICATION FEES:**

- \$600.00 Kittitas County Community Development Services\*\*
- \$550.00 Kittitas County Public Works\*\*

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- \$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): <u>Jenise Roenow</u>	DATE: <u>7/23/25</u>	RECEIPT # <u>0025-01526</u>	
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: GREG HENRIKSEN  
Mailing Address: P.O. BOX 636  
City/State/ZIP: EASTON, WA 98925  
Day Time Phone: (425) 772-3366  
Email Address: HENRIKSEN@COMCAST.NET

**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: JIM MILLER - ALPINE DESIGN  
Mailing Address: 581 STRANGE RD  
City/State/ZIP: ELLENBURG, WA 98926  
Day Time Phone: 509 929 1287  
Email Address: JBTE@FAIRPOINT.NET

**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: 133 RALLY WAY  
City/State/ZIP: EASTON, WA 98925

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

EASTON VILLAGE DIV 1 PTN LOT 11 & 12 PARCEL A B27/P226  
SEC 11, TWP 20 RANGE 13

**6. Tax parcel number(s):** 908934

**7. Property size:** 0.40 ACRES (acres)

**Project Description**

1. Briefly summarize the purpose of the project:

VEHICLE STORAGE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

RESIDENTIAL  
\_\_\_\_\_

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

DETACHED GARAGE  
\_\_\_\_\_

4. Fair Market Value of the project, including materials, labor, machine rentals, etc. \$ 70,000

5. Anticipated start and end dates of project construction: Start SEPT 2025 End SEPT 2026

**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)

X [Signature]  
\_\_\_\_\_

Date:

7/22/25

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

X [Signature]  
\_\_\_\_\_

Date:

7/16/25

**GREG HENRIKSEN**

**Project Description**

1. Briefly summarize the purpose of the project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. Fair Market Value of the project, including materials, labor, machine rentals, etc. \_\_\_\_\_

5. Anticipated start and end dates of project construction: Start \_\_\_\_\_ End \_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_

**FOR STAFF USE ONLY**

1. Provide section, township, and range of project location:

¼ Section \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ N. Range \_\_\_\_\_ E., W.M.

2. Latitude and longitude coordinates of project location (e.g. 47.03922 N lat. / -122.89142 W long.):

\_\_\_\_\_ [use decimal degrees – NAD 83]

3. Type of Ownership: (check all that apply)

Private                       Federal                       State                       Local                       Tribal

4. Land Use Information:

Zoning: \_\_\_\_\_ Comp Plan Land Use Designation: \_\_\_\_\_

5. Shoreline Designation: (check all that apply)

Urban Conservancy                       Shoreline Residential                       Rural Conservancy  
 Natural     Aquatic

6. Requested Shoreline Exemption per WAC 173.27.040:

\_\_\_\_\_

**Vegetation**

7. Will the project result in clearing of tree or shrub canopy?

Yes     No

If 'Yes', how much clearing will occur? \_\_\_\_\_ (square feet and acres)

8. Will the project result in re-vegetation of tree or shrub canopy?

Yes     No

If 'Yes', how much re-vegetation will occur? \_\_\_\_\_ (square feet and acres)

**Wetlands**

9. Will the project result in wetland impacts?

Yes     No

If 'Yes', how much wetland will be permanently impacted? \_\_\_\_\_ (square feet and acres)

10. Will the project result in wetland restoration?

Yes     No

If 'Yes', how much wetland will be restored? \_\_\_\_\_ (square feet and acres)

**Impervious Surfaces**

11. Will the project result in creation of over 500 square feet of impervious surfaces?

- Yes  No

If 'Yes', how much impervious surface will be created? \_\_\_\_\_ (square feet and acres)

12. Will the project result in removal of impervious surfaces?

- Yes  No

If 'Yes', how much impervious surface will be removed? \_\_\_\_\_ (square feet and acres)

**Shoreline Stabilization**

13. Will the project result in creation of structural shoreline stabilization structures (revetment/bulkhead/riprap)?

- Yes  No

If 'Yes', what is the net linear feet of stabilization structures that will be created? \_\_\_\_\_

14. Will the project result in removal of structural shoreline stabilization structures (revetment/bulkhead/riprap)?

- Yes  No

If 'Yes', what is the net linear feet of stabilization structures that will be removed? \_\_\_\_\_

**Levees/Dikes**

15. Will the project result in creation, removal, or relocation (setting back) of levees/dikes?

- Yes  No

If 'Yes', what is the net linear feet of levees/dikes that will be created? \_\_\_\_\_

If 'Yes', what is the net linear feet of levees/dikes that will be permanently removed? \_\_\_\_\_

If 'Yes', what is the linear feet of levees/dikes that will be reconstructed at a location further from the OHWM? \_\_\_\_\_

**Floodplain Development**

16. Will the project result in development within the floodplain? (check one)

- Yes  No

If 'Yes', what is the net square feet of structures to be constructed in the floodplain? \_\_\_\_\_

*\*Note: A floodplain development is required per KCC 14.08; please contact Kittitas County Public Works*

17. Will the project result in removal of existing structures within the floodplain? (check one)

- Yes  No

If 'Yes', what is the net square footage of structures to be removed from the floodplain? \_\_\_\_\_

