



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

2

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**

\$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):

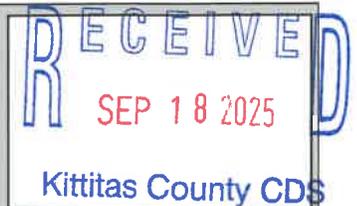
Jessie Rosenow

DATE:

9/18/25

RECEIPT #

CD25-02001



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: ELISA Anderson

Mailing Address: 19060 11th Ave NW

City/State/ZIP: Shoreline WA 98177

Day Time Phone: 206 992 8070

Email Address: elisaanderson34@gmail.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: 780 Wapiti Dr

City/State/ZIP: Cle Elum, WA 98922

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

6. Tax parcel number(s): 710534

7. Property size: .88 (acres)

Project Description

1. Briefly summarize the purpose of the project:

Remove Existing Buildings and Replacing
with a new Elevated Structure.

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

Primary Residence

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

Single family

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

300-400K

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

ADP

End Fall of 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)

Date:

X _____

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

Date:

X Debra Anderson

9.18.25

