

Shoreline Management Act Permit Data Sheet and Transmittal Letter

Local permit no. SD-16-00001

State permit no. _____

From: (local government)
Kittitas County

To: (appropriate Ecology office)
Cathy Reed, Shoreline Permit Review

Transmittal Date: _____

Receipt Date: (provided by Ecology) _____

Type of Permit: (Indicate all that apply)

- Substantial Development
 Conditional Use
 Variance
 Revision
 Other _____

Local Government Decision:

- Approval
 Conditional Approval
 Denial

Applicant Information:

Name: Grant PUD
Address: PO Box 878 Ephrata WA 98823
Phone(s): 509-793-1583

Applicant's Representative: (If primary contact)

Name: Debbie Firestone
Address: Same
Phone(s): Same

Is the applicant the property owner? Yes No

Location of the Property: (Section, township, and range to the nearest ¼, ¼ section or latitude and longitude, and a street address where available.)

47.112691° N -120.022884° W

Water Body Name: Quilomene Cove, Columbia River **Shoreline of State Significance:** Yes No

Environment Designation: Natural

Project Description: (Summary of the intended use or project purpose)

Floating public recreation related restroom facility.

Notice of Application Date: October 25th, 2016

Final Decision Date: December 8th, 2016

By: (Local government primary contact on this application)

Dusty Pilkington

Phone: (509)-962-7079