

Critical Areas Checklist

Wednesday, September 16, 2015

Application File Number



Planner

Is SEPA required Yes No



Is Parcel History required? Yes No

What is the Zoning?



Is Project inside a Fire District? Yes No

If so, which one?



Is the project inside an Irrigation District? Yes No

If so, which one?

Does project have Irrigation Approval? Yes No

Which School District?

Is the project inside a UGA? Yes No

If so which one?

Is there FIRM floodplain on the project's parcel? Yes No

If so which zone?

What is the FIRM Panel Number?

Is the Project parcel in the Floodway? Yes No

Does the project parcel contain a shoreline of the State? Yes No

If so what is the Water Body?

What is the designation?

Does the project parcel contain a Classified Stream? Yes No

If so what is the Classification?

Does the project parcel contain a wetland? Yes No

If so what type is it?

Does the project parcel intersect a PHS designation? Yes No

If so, what is the Site Name?

Is there hazardous slope in the project parcel? Yes No

If so, what type?

Does the project parcel abut a DOT road? Yes No

If so, which one?

Does the project parcel abut a Forest Service road? Yes No

If so, which one?

Does the project parcel intersect an Airport overlay zone ? Yes No

If so, which Zone is it in?

Does the project parcel intersect a BPA right of way or line? Yes No

If so, which one?

Is the project parcel in or near a Mineral Resource Land? Yes No

If so, which one?

Is the project parcel in or near a DNR Landslide area? Yes No

If so, which one?

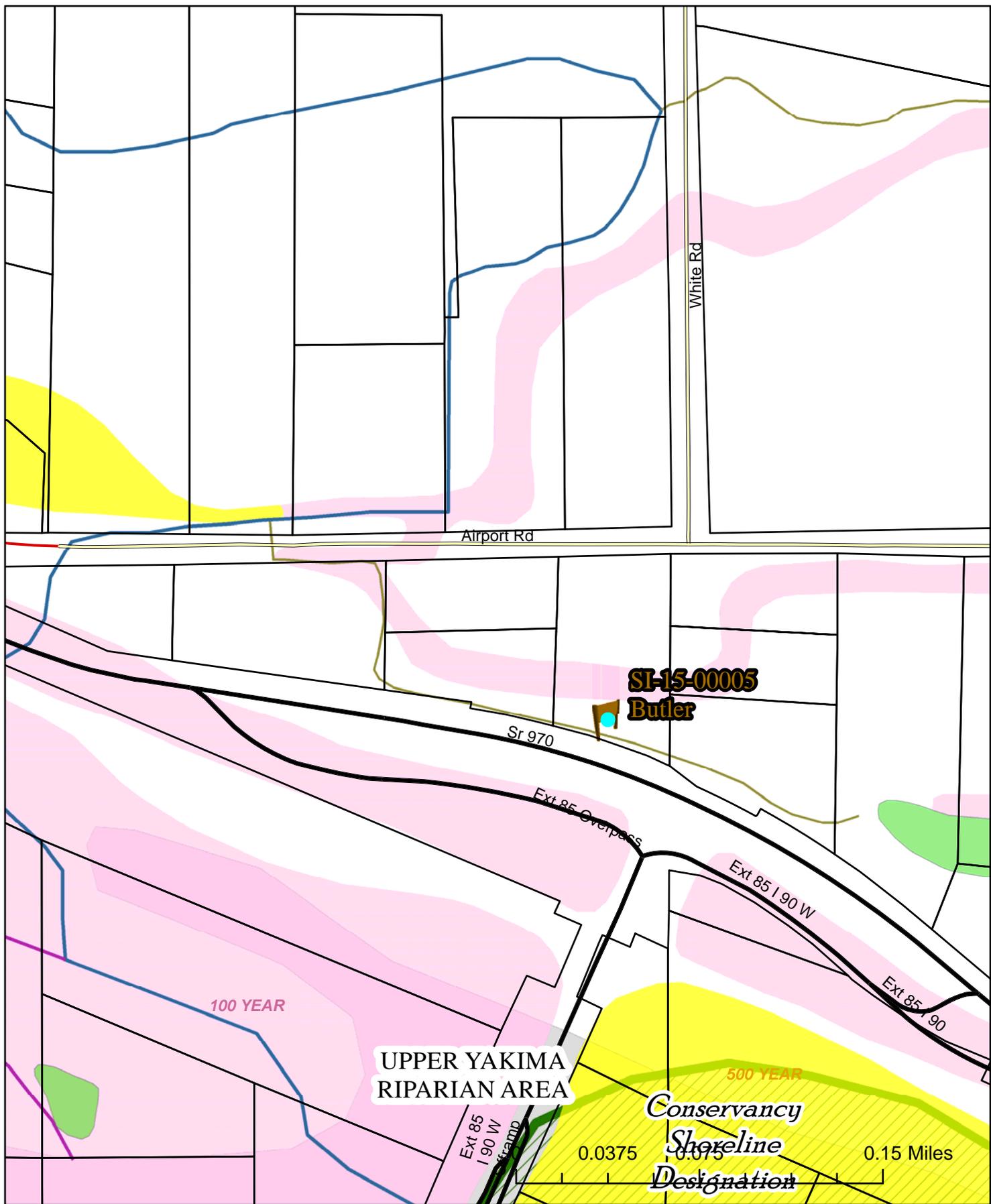
Is the project parcel in or near a Coal Mine area? Yes No

What is the Seismic Designation?

Does the Project Application have a Title Report Attached?

Does the Project Application have a Recorded Survey Attached?

Have the Current Years Taxes been paid?

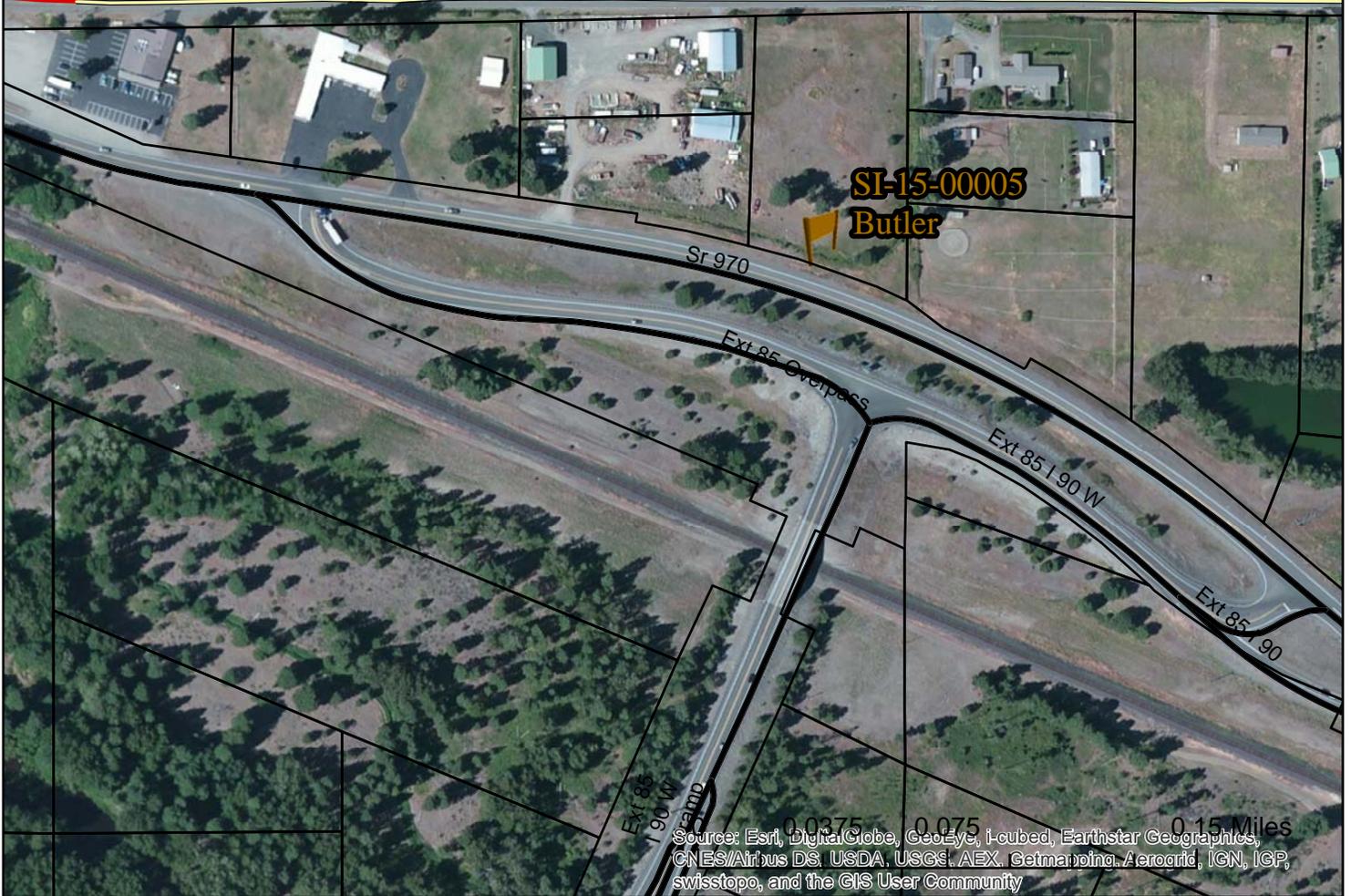


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Butler

9/16/2015

Critical Areas
Map

kaycee.hathaway

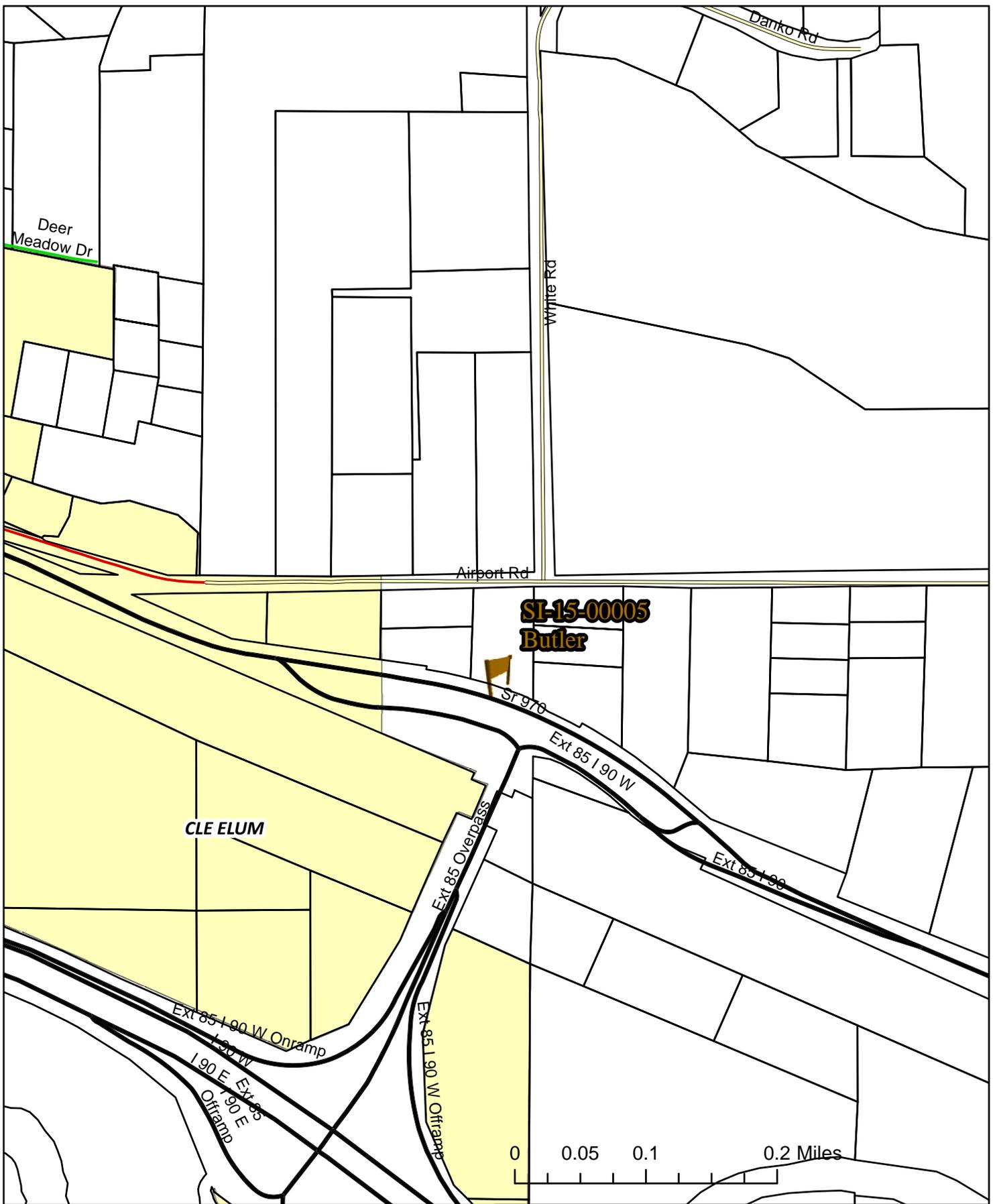


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Air
Photo

kaycee.hathaway

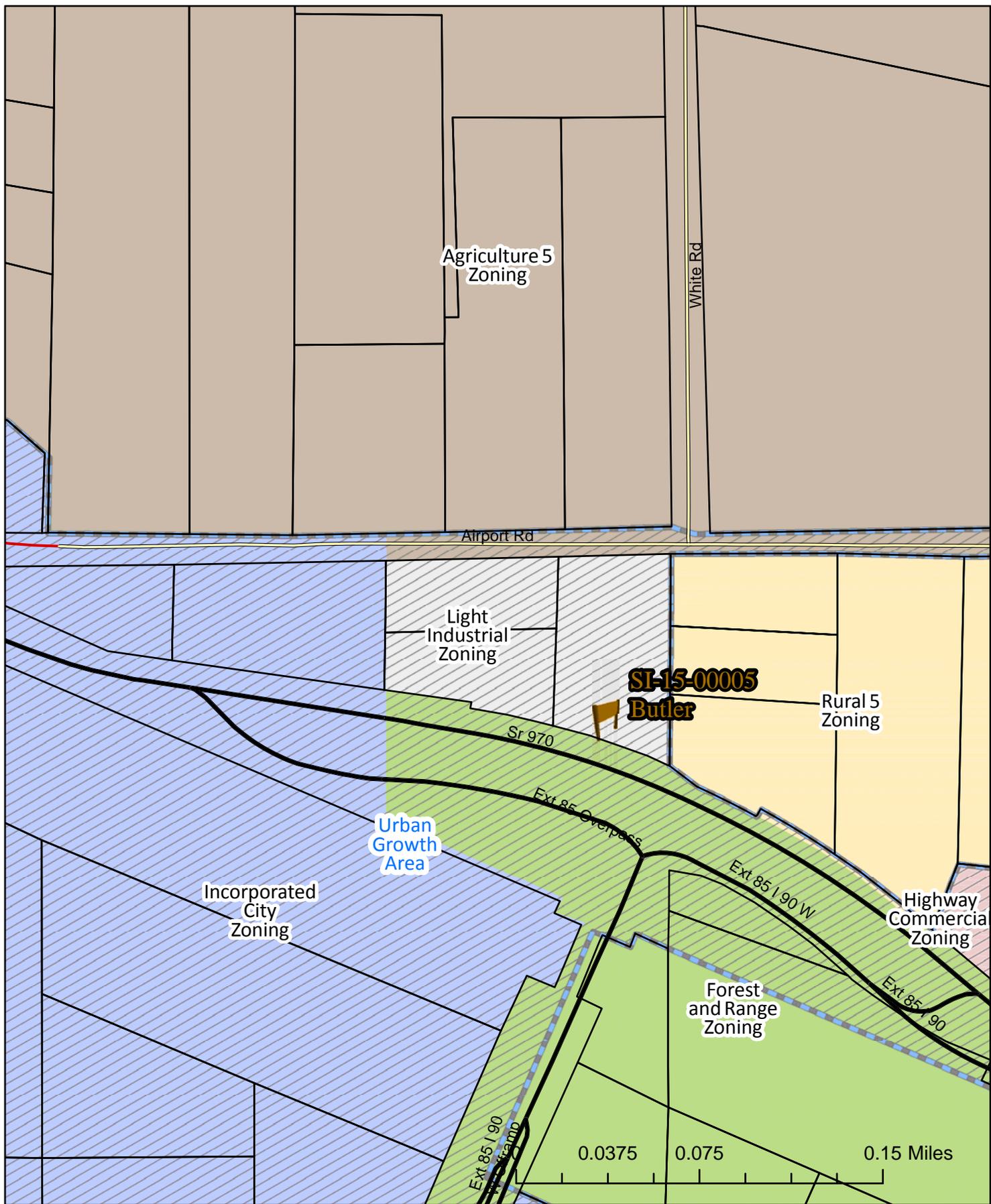


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Area
Map

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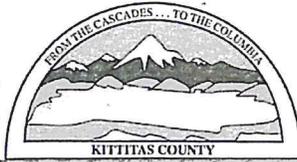


SI-15-00005
Butler

Zoning
Map

9/16/2015

kaycee.hathaway



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926
CDS@CO.KITTITAS.WA.US
Office (509) 962-7506
Fax (509) 962-7682

"Building Partnerships - Building Communities"

SIGN PERMIT APPLICATION

(For a permit to place a sign on a structure or site in accordance with KCC 17.72)

Please type or print clearly in ink. Attach additional sheets as necessary. Pursuant to KCC 15A.03.040, a complete application is determined within 28 days of receipt of the application submittal packet and fee. The following items must be attached to the application packet.

REQUIRED ATTACHMENTS

- Site Plan showing the location of the sign, all roads and drives, setbacks from property lines, distance from right-of-way edge (Distance from the edge of a right-of-way shall be measured horizontally along a line normal or perpendicular to the center line of the highway).
- Description of proposed sign: include dimensions, height and size of posts or footings, a statement of the precise location where the sign is to be erected or maintained, and a statement of the proposed size and shape of the design. Include a picture/visual of the sign if available.
- Project Narrative responding to Question 9 on the following pages.

APPLICATION FEES:

75.00 Kittitas County Community Development Services (KCCDS)
\$75.00 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): <div style="text-align: center; font-size: 2em; font-family: cursive;">GM</div>	DATE: <div style="text-align: center; font-size: 1.5em; font-family: cursive;">8-18-15</div>	RECEIPT # <div style="text-align: center; font-size: 1.5em; font-family: cursive;">SI-15</div>	<div style="font-size: 2em; color: red; font-weight: bold;">PAID</div> <div style="color: red; font-weight: bold;">AUG 18 2015</div> <div style="color: red; font-weight: bold;">KITTTITAS CO.</div> <div style="color: red; font-weight: bold;">CDS</div> DATE STAMPED IN BOX
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COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT

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: Essex Butler
Mailing Address: 740 Airport Rd Cle elum
City/State/ZIP: Cle-elum, WA 9890
Day Time Phone: 1-206-276-4227
Email Address: _____

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: CASCADE sign / Dez Weigand
Mailing Address: 108 W. Mead Ave
City/State/ZIP: XAL King WA 98902
Day Time Phone: 509-972-8099
Email Address: Dez.CASCADE@gmail.com

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: 740 AIRPORT Rd
City/State/ZIP: Cle elum, WA

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

6. **Tax parcel number:** 20-15-36058-0003

7. **Property size:** 425' X 200' (acres)

8. **Land Use Information:**

Zoning: Ag 5 Comp Plan Land Use Designation: _____

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9. **Narrative project description (include as attachment):** Please include at minimum the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.

AUTHORIZATION

10. 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:

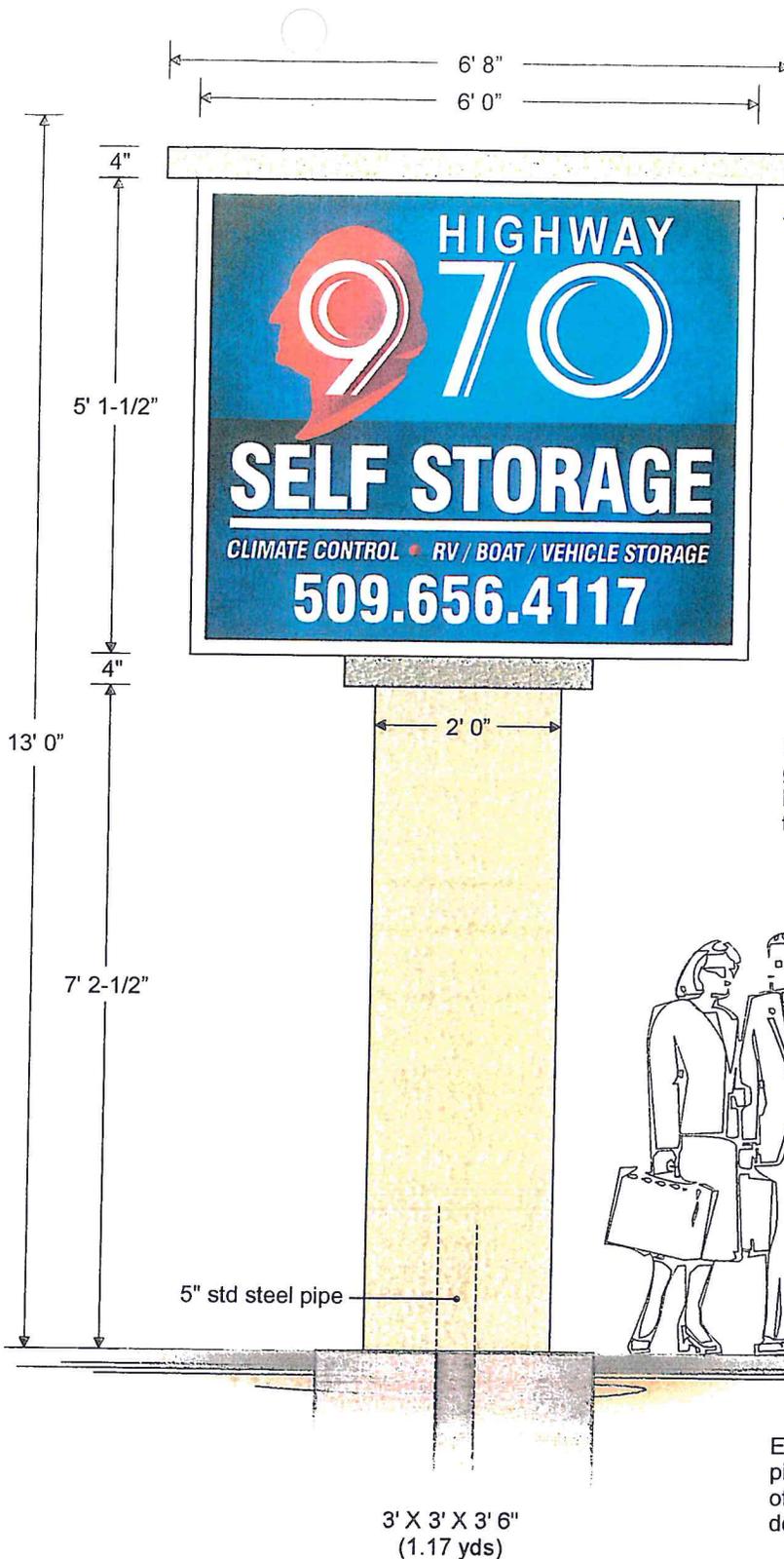
X [Handwritten Signature]

8/18/15

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

Date:

X CASCADE SYN (OUT OF COUNTRY)



9 MAR.
 NO WATER, SEWER,
 ON LOT.
 See Below for
 SIGN DIM.

Double-face extruded aluminum sign cabinet with white enamel finish. 3/16" white polycarb sign face with digitally-produced graphics and UV-resistant clear protective laminate. Fluorescent illumination. Note: Optional LED module illumination.

Decorative fabricated aluminum pole cover and garnish with textured / enameled finish (neutral beige colors as shown or match existing colors to tie-in with building).

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Excavation, concrete footing and steel support pipe as required. Includes full installation of all sign components. Note: power must be delivered to sign location by separate contractor.



www.cascade-sign.com
 108 West Mead, Yakima, WA 98902
 Phone: (509) 972-8099 Fax: (509) 972-8332

Client / Job Name:
 Highway 970 Self Storage
 Cle-Ellum, WA

Salesperson	Designer
Dez Weigand	SKR
File No.	
highway_970_storage_01	
Date	Revision
7-16-15	

Client Approval
 X _____

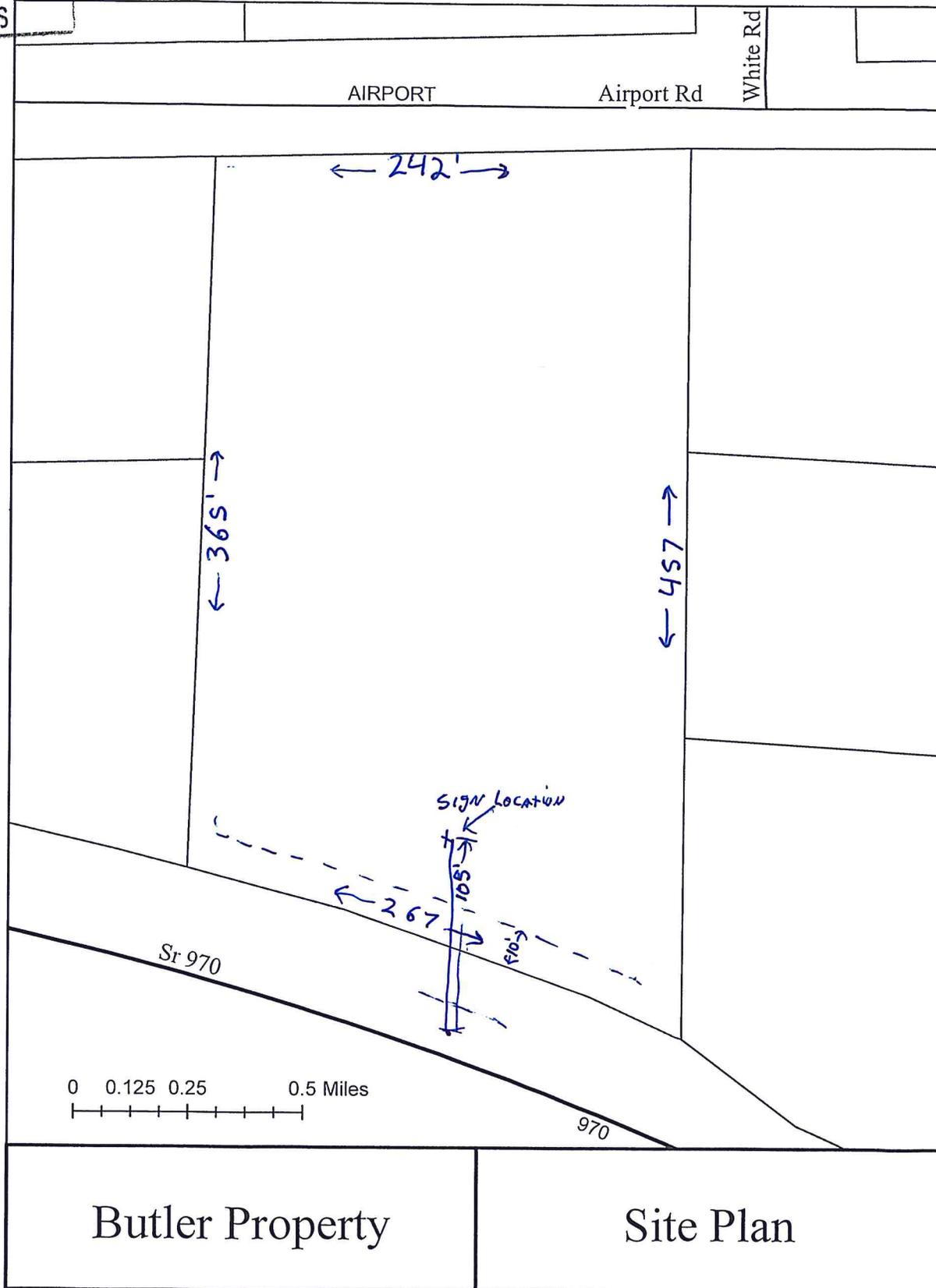
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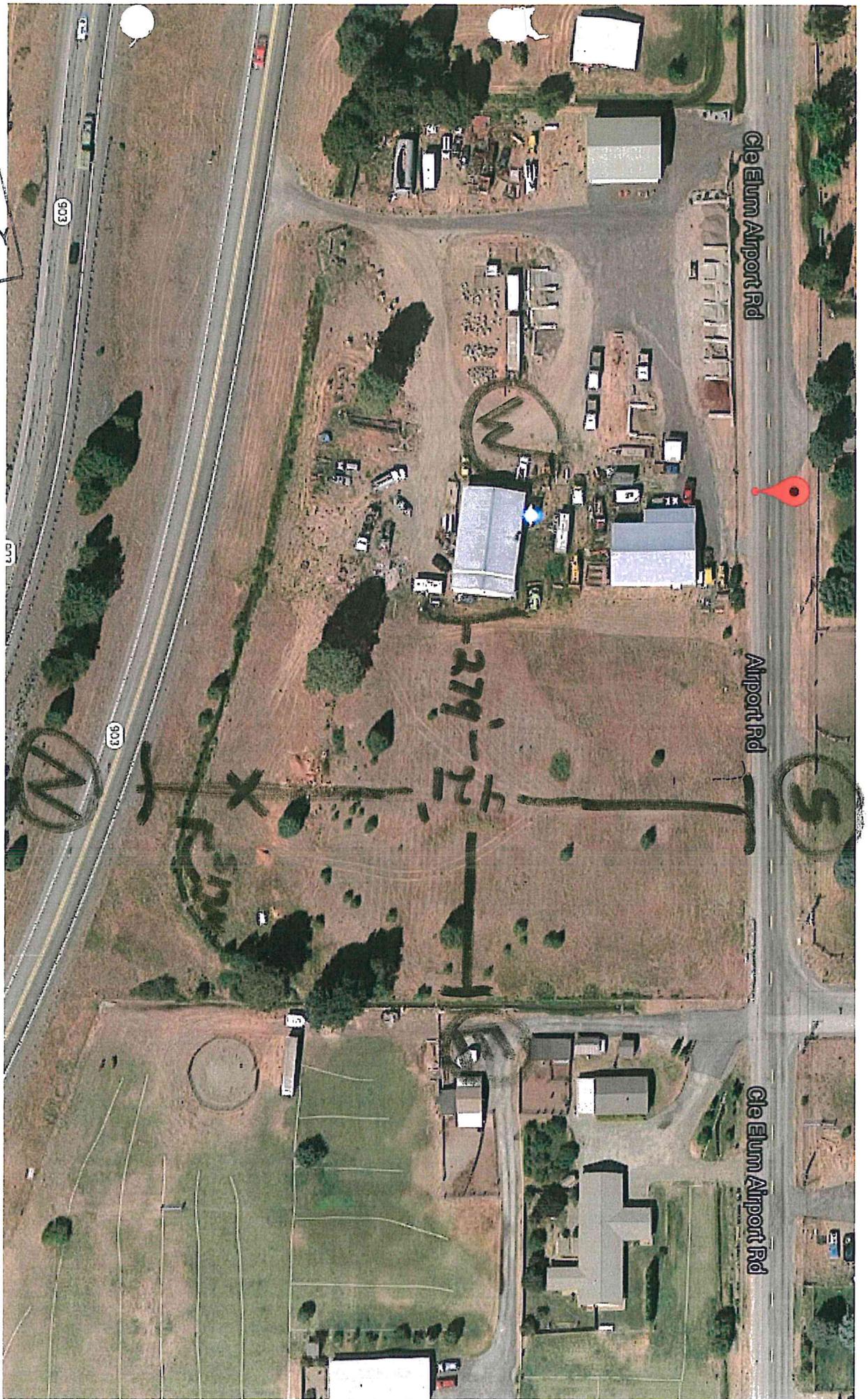
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Airport Rd

Cle Elum Airport Rd

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