



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 17.70)

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.

Request is to hang 2 signs at 1101 Bowers Road. Details regarding size of signs, sign materials, elevation of land is approximately 1,540 feet, length and peak of building are provided on the attached document.

APPLICATION FEES:

\$150.00 Kittitas County Community Development Services (KCCDS)

\$150.00 Total fees due for this application (One check made payable to KCCDS)

Application Received By (CDS Staff Signature):

DATE:

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COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT

GENERAL APPLICATION INFORMATION

Property size:	2.37 (acres)					
Tax parcel number:	#955337/18-18-24050-0021					
Lot H-21 of the Kittitas County Airport Amended Binding Site Plan						
Legal description of property (attach additional sheets as necessary):						
City/State/ZIP:	Ellensburg, WA 98926					
Address:	1101 Bowers Rd					
Street address of property:						
Email Address:	tina.short@cwu.edu					
Day Time Phone:	509-963-2910					
City/State/ZIP:	Ellensburg, WA. 98926-7515					
Mailing Address:	400 E. University Way					
Name:	Central Washington University Aviation Flight Training Department					
Name, mailing address and day phone of other contact person If different than land owner or authorized agent.						
Email Address:	mark.cook@co.kittitas.wa.us or candie.leader@co.kittitas.wa.us					
Day Time Phone:	509-962-7523					
City/State/ZIP:	Ellensburg, WA. 98926					
Mailing Address:	411 N. Ruby Street, Suite 1					
Agent Name:	Kittitas County Public Works					
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.						
Email Address:						
Day Time Phone:						
City/State/ZIP:						
Mailing Address:						
Name:						

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 has Short	12-19-201
Signature of Land Owner of Record (Required for application submittal)	Date:
x Mare R Core	12-19-2013



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

Receipt Number: CD17-01259

Date: 12/20/2017

411 N. Ruby St., Suite 2 Ellensburg, WA 98926 509-962-7506 / https://www.co.kittitas.wa.us/cds/ /

Payer/Payee: CENTRAL WASHINGTON UNIVERSITY AVIATION FLIGHT TRAINING DEPT 400 E UNIVERSITY WAY

ELLENSBURG WA 98926

Cashier: KATHY BOOTS

Payment Type: CREDIT CARD

SI-17-00002	Sign Permit	1101 E BOWERS RD ELLENSBURG				
Fee Des	cription		Fee Amount	Amount Paid	Fee Balance	
Sign Per	mit		\$150.00	\$150.00	\$0.00	
		SI-17-00002 TOTALS:	\$150.00	\$150.00	\$0.00	
		TOTAL PAID:		\$150.00		