

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"

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.

APPLICATION FEES:

\$150.00 Kittitas County Community Development Services (KCCDS)

\$243.00* Kittitas County Public Works

\$393.00 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): Jessie Rosenow	DATE: 2/18/26	RECEIPT # CD26-00281	KITTITAS CO CDS RECEIVED 02/18/2026

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: OVAN II LLC
Mailing Address: 21421 Snag Island Dr E
City/State/ZIP: Love Tapps, WA, 98391
Day Time Phone: (360) 319-1712
Email Address: Sronk@monstergaragecondos.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: Maxenna Hutchinson
Mailing Address: 307 E Arlington St
City/State/ZIP: Yakima, WA, 98901
Day Time Phone: (509) 307-6191
Email Address: K.Hutchinson@illumiletter.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: 4081 SR 970
City/State/ZIP: Cle Elum, WA, 98922

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

Sec. 32, T. 20, R. 16

6. Tax parcel number: 963863
7. Property size: ~~9.31~~ 2.8 acres (acres)

8. **Land Use Information:**

Zoning: ~~rural 5~~

Comp Plan Land Use Designation:

Rural-Working

Forest &
Range

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)

X

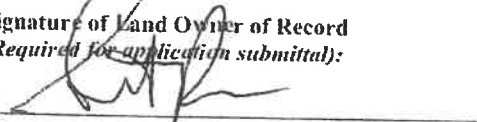


Date:

1/7/2026

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

X



Date:

1/30/2026

