

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

ZONING STRUCTURAL SETBACK VARIANCE APPLICATION

(To place a structure closer to property line than allowed)
KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO KCC 15 A.03.030, 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

ADDRESS LIST OF ALL LANDOWNERS WITHIN 500 FEET OF THE SUBJECT PARCEL(S). IF ADJOINING PARCELS ARE OWNED BY THE APPLICANT, THEN THE 500 FOOT AREA SHALL EXTEND FROM THE FARTHEST PARCEL. IF THE PARCEL IS WITHIN A SUBDIVISION WITH A HOMEOWNERS' OR ROAD ASSOCIATION, THEN PLEASE INCLUDE THE MAILING ADDRESS OF THE ASSOCIATION.

SITE PLAN OF THE PROPERTY WITH ALL PROPOSED BUILDINGS, POINTS OF ACCESS, ROADS, PARKING AREAS, SEPTIC TANK, DRAINFIELD, DRAINFIELD REPLACEMENT AREA, AREAS TO BE CUT AND/OR FILLED, NATURAL FEATURES SUCH AS CONTOURS, STREAMS, GULLIES, CLIFFS, ETC.

APPLICATION FEE:

\$350.00 payable to Kittitas County Community Development Services (KCCDS)

Current Zoning Setbacks:

Zone	FRONT SETBACK	SIDE SETBACK	REAR SETBACK	Side (setback for side abutting the street)
Residential	15'	5'	25'	15'
Residential-2	15'	10' on one side and 5" on the other side	25'	15'
Suburban	25'	15'	25'	20'
Agriculture-3, Agriculture-20, and Commercial Ag	25'	5'	25'	15'
Rural-3	25'	15'	15'	-
Forest & Range	25'	10'	10'	15'
Commercial Forest	200'	200'	200'	-

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

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RECIEPT#:

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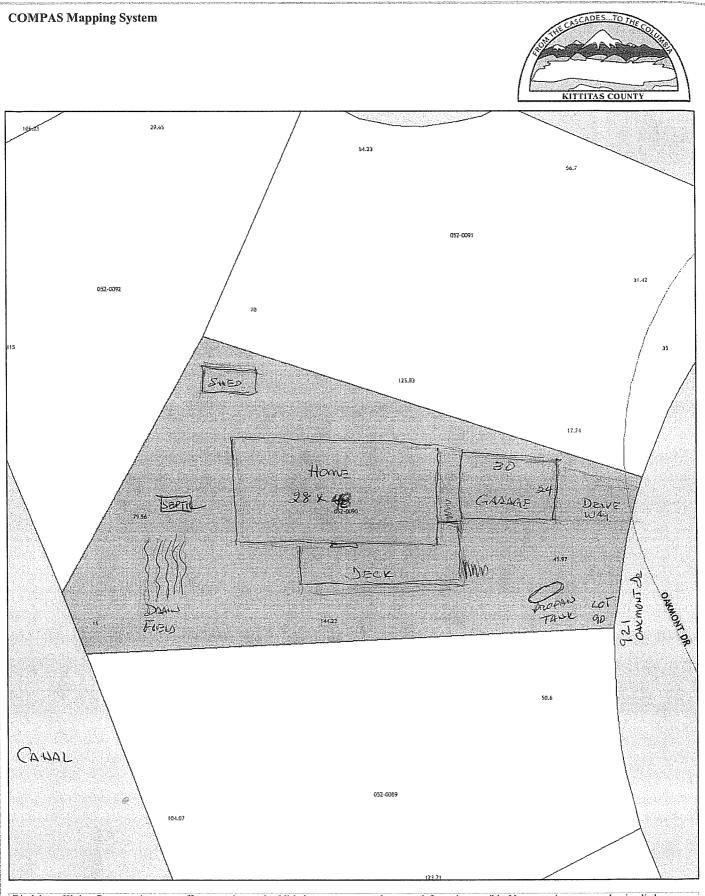
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NOTES:

1.	Name, mailing address and day phone of land owner(s) of record:
	Name: Wint Dockning
	Mailing Address: 921 OAKMONT De
	Mailing Address: 921 OAKMONT De City/State/ZIP: CUE Ellin, W.4. 98922
	Day Time Phone: 204-384-1517
	Email Address:
2.	Name, mailing address and day phone of authorized agent, if different from land owner of record:
	Agent Name:
	Mailing Address:
	City/State/ZIP:
	Day Time Phone:
	Email Address:
3.	Contact person for application (select one): **Cowner of record
4.	Street address of property:
	Address: 921 OAKMONT De
	City/State/ZIP: CUF EURIN WA 98922
5.	Legal Description of Property: 67 90 Sun Country ESTATES
6.	Tax parcel number: 20-14-35052-0090 (846434)
7.	Property size: 1 ACAES
8.	Narrative project description: Please include 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 (be specific, attach additional sheets as necessary):
24	1 & 30 DETACHES GARAGE DRY WITH EUTCTHAL
J & C	CHOOLUSS. BECAUSE OF OOD SHAPE LOT, AND EXISTING HOME SEPTICE DIAIN FLELD, THIS PROPOSAL WILL ALLOW FOR HOME OWNER TO PARK ES VADER DOVER of OUT OF STE FOWN NEIGHBORS
9.	Provision of zoning code for which this variance is requested and the way in which you wish to vary from the code:
5w.	OSET BACK OF S FT. FOR FRONT END CORNER OF OSES AND OTHER SET BACKS AND UP TO ZONING CODE
2 OF 3	SOUND THE VINDE SCHOOLS HAVE UP Q ZONING CODE

criteria is met for this particular request (attach addi	following criteria are met. Please describe in detail how each itional sheets as necessary):
other property in the same vicinity or district, si	MINE OH PROPRIET. ATT THE SHE SHERE
DEMENSION OF THE hOT & THE OF PROPERTY FROM CANNOUT DO	HLY LOGICAL SITE IS THE EXTRACES
10 graphy min CALINGTI DA)
possessed by the owners of other properties in t	on and enjoyment of a substantial property right of the applicant the same vicinity. (FACCIUR FROM 147 FUENTILLS ACT WILL SE DESIGNES TO MET. TO ME
in the vicinity	e materially detrimental to the public welfare or injurious to property INTE SAME AS ATHE Sources of Garages
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	Ams Antrus QF 142 EXISTING
the information contained in this application, and that complete, and accurate. I further certify that I possess the	orize the activities described herein. I certify that I am familiar with to the best of my knowledge and belief such information is true, he authority to undertake the proposed activities. I hereby grant to the proposed enter the above-described location to inspect the proposed and or
Signature of Authorized Agent:	Date:
X	
Signature of Land Owner of Record (Required for application submittal):	Date:
X Much day Tx	1/3/08
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