KITTITAS COUNTY

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 VA-D9- 0007

(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 15A.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)	DATE:	RECIEPT #:	RECEIVEMP
			MATE STATE
NOTES:			CD6
		W. B. Circle C. St.	The real Edition Control

1,	Landowner(s) signature(s) required on application form.
	Name: Robert F & Carolyn H. Hillway
	Mailing Address: 81 Trechaven Rel.
	City/State/ZIP: C/c E/40 CUB, 98922
	Day Time Phone: 509-6) 4-260 9
	Email Address:
2.	Name, mailing address and day phone of authorized agent, if different from land owner of record: If an authorized agent is indicated, then the authorized agent's signature is requiredfor application submittal.
	Agent Name:
	Mailing Address:
	City/State/ZIP:
	Day Time Phone:
	Email Address:
3.	Street address of property:
	Address: 81 Trechavea Rd.
	City/State/ZIP: C/c E/4 on WA. 98922
4.	Legal Description of Property Tree have a # 1 Cat 6 5.6 T. 19R 15
5.	Tax parcel number: 19-15-06050 - 0006
6.	Property size: 1,61 4065
7.	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): Construct a Roof orly pole building 24 x24 no confer as your pole building 24 x24
	e the
8.	Provision of zoning code for which this variance is requested and the way in which you wish to vary from the code: Place the building on a SFT set back instead of the ISFT set back for sides of

9.	A variance may be granted only when the fo criteria is met for this particular request (attack	llowing criteria are met. Please describe in detail how each hadditional sheets as necessary):	
A.	other property in the same vicinity or district, such	the property and/or the intended use that do not apply generally to a stopography. If Le with 4 15/Ft 5/Fle Space Cary 3 mail 18/18/18/18/18/18/18/18/18/18/18/18/18/1	
В.	DOSSESSED OF THE OWNERS OF DUILE DIODELLES III THE	and enjoyment of a substantial property right of the applicant same vicinity. Denivery move of one of the applicant same vicinity. Denivery move of one of the applicant same vicinity.	
C.	That authorization of such variance will not be m in the vicinity. will not effective for the such as	aterially detrimental to the public welfare or injurious to property f of the - property out of the - property	
D.		rersely affect the realization of the comprehensive development A have a f f v e a y	
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.		
		Land Owner of Record and copies sent to the authorized agent.	
	ture of Authorized Agent: UIRED if indicated on application)	Date:	
X			
Signature of Land Owner of Record (REQUIRED for application submittal):		Date:	
X MI	eg It. Hilley	3/21/09	

Permission Statement

We (Ronald and Marcene Merritt, and Donald and Kathleen Dvorak); registered owners of property defined as Tree Haven No. 1 Lot 5; Sec. 6; TWP. 19; RGE 15; Kittatas County; grant any permission necessary to our neighbors, Bob and Carolyn Hillweg, residing on the adjacent property to the south; to replace a current structure to be utilized as a garage within (as close as) five (5) feet the currently existing property line.

Marcene Merritt

Ronald Merritt

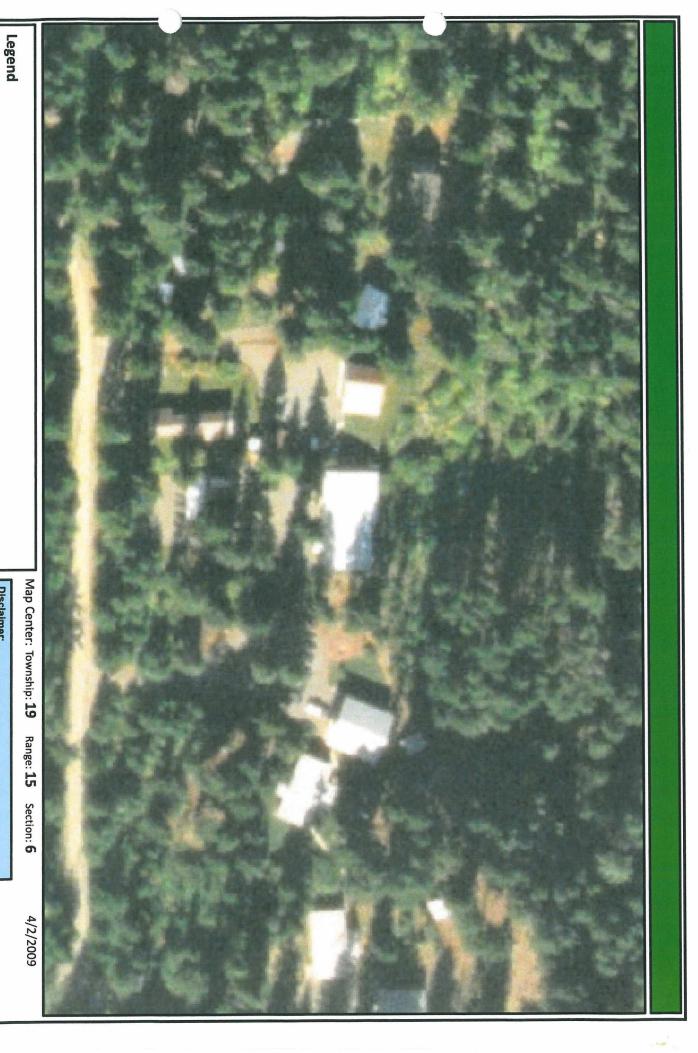
Kathleen Dvorak

Donald Dyorak

Fraperty owger to the wast Ed Maniskanish 61 storeboven Ref. cle Elea, wx 78922 PLE SOF-6>9-5792

Barry Hattaway
6301 Wasx side Rel.
Cle Elan. Was 98922
809-674-1657





Tax Parcels Rights of Way



Townships Sections

Scale = 1:1,000

1 inch = 83 ft

Disclaimer:

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KITTITAS COUNTY PERMIT CENTER 411 N. RUBY STREET, ELLENSBURG, WA 98926

RECEIPT NO.:

00004603

COMMUNITY DEVELOPMENT SERVICES

(509) 962-7506

PUBLIC HEALTH DEPARTMENT

(509) 962-7698

DEPARTMENT OF PUBLIC WORKS

(509) 962-7523

Account name:

020716

Date: 4/27/2009

Applicant:

HILLWEG, ROBERT F ETUX

Type:

check

9343

Permit Number

Fee Description

Amount

VA-09-00007

ADMINISTRATIVE VARIANCE

350.00

Total:

350.00