

RZ-19-00001



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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"Building Partnerships - Building Communities"

REZONE APPLICATION

(For requested amendments to the zoning map, KCC 17.98 & KCC 15B.03)

A preapplication conference is REQUIRED per KCC 15A.03.020 for this permit. The more information the County has early in the development process, the easier it is to identify and work through issues and conduct an efficient review.

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.

REZONE TYPES

Please check the box next to the type of rezone this application is requesting:

- Site-specific rezone\*
General rezone using docketing process\*

\*Rezoning requests for Planned Unit Developments (PUDs), must use the PUD application form.

REQUIRED ATTACHMENTS

- 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. (See Exh. A)
SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
Legal description of property to be reclassified
Requested Zone Change: from Resid./Gen. Comm. to General Commercial
Project Narrative responding to Questions 9-11 on the following pages.

APPLICATION FEES:

Table with 2 columns: Amount and Description. Total fees due for this application: \$5,195.00

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): [Signature] DATE: 6-24-19 RECEIPT # CD19-015 [Stamp] RECEIVED JUN 24 2019 Kittitas County CDS DATE STAMP IN BOX

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

**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: Ronald and Bonnie Scott  
Mailing Address: P.O. Box 37  
City/State/ZIP: Easton, WA 98925  
Day Time Phone: 206-499-3934  
Email Address: Scott.Equipment@hotmail.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: Jeff Slothower  
Mailing Address: P.O. Box 1088  
City/State/ZIP: Ellensburg, WA 98926  
Day Time Phone: 509-925-6916  
Email Address: jslothower@lwhsd.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: 2141 Railroad Street  
City/State/ZIP: Easton, WA 98925

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

See Exhibit B attached hereto.

**6. Tax parcel number:** 061634 and 029034

**7. Property size:** <2.0 (acres)

**8. Land Use Information:**

Zoning: 061634: Residential      Comp Plan Land Use Designation: Easton Type 1 LAMIRD  
029034: Residential & Gen. Commercial

**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.
10. **Describe how this proposal will provide for the transfer of any required transferrable development rights:** According to KCC 17.98.020.7.h, petitions for rezones must comply with KCC 17.13 Transfer of Development Rights. Development rights must be transferred to the rezone area at a rate proportionate to the size of the project area (see 17.13.080.6). These rights must be transferred prior to final approval. Please describe how this requirement will be met by the proposed rezone.
11. **Applicant for rezone must demonstrate that the following criteria are met (attach additional sheets as necessary):**
- A. The proposed amendment is compatible with the comprehensive plan.
  - B. The proposed amendment bears a substantial relation to the public health, safety or welfare.
  - C. The proposed amendment has merit and value for Kittitas County or a sub-area of the county.
  - D. The proposed amendment is appropriate because of changed circumstances or because of a need for additional property in the proposed zone or because the proposed zone is appropriate for reasonable development of the subject property.
  - E. The subject property is suitable for development in general conformance with zoning standards for the proposed zone.
  - F. The proposed amendment will not be materially detrimental to the use of properties in the immediate vicinity of the subject property.
  - G. The proposed changes in use of the subject property shall not adversely impact irrigation water deliveries to other properties.
  - H. The proposed amendment is in full compliance with Chapter 17.13 KCC, Transfer of Development Rights.

**AUTHORIZATION**

12. 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:**

6/24/19

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

X



**Date:**

6/24/19