



**KITITAS COUNTY
COMMUNITY DEVELOPMENT SERVICES**

REZONE APPLICATION

(To change from the existing zone to another zone)

KITITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CALL THE DEPARTMENT IF YOU WOULD LIKE TO SET UP A MEETING TO DISCUSS YOUR PROJECT. INCOMPLETE APPLICATIONS WILL **NOT** BE ACCEPTED.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS APPLICATION PACKET:

REQUIRED ATTACHMENTS

- ADDRESS LIST OF ALL LANDOWNERS WITHIN 300 FEET OF THE SITE'S TAX PARCEL. IF ADJOINING PARCELS ARE OWNED BY THE APPLICANT, THE 300 FEET EXTENDS FROM THE FARTHEST PARCEL. IF THE PARCEL IS WITHIN A SUBDIVISION WITH A HOMEOWNERS OR ROAD ASSOCIATION, PLEASE INCLUDE THE ADDRESS OF THE ASSOCIATION.
- SITE PLAN OF THE PROPERTY WITH ALL PROPOSED: BUILDINGS; POINTS OF ACCESS, ROADS, AND PARKING AREAS; SEPTIC TANK AND DRAINFIELD AND REPLACEMENT AREA; AREAS TO BE CUT AND/OR FILLED; AND, NATURAL FEATURES SUCH AS CONTOURS, STREAMS, GULLIES, CLIFFS, ETC.
- SEPA CHECKLIST

FEE:

\$1100.00 (\$900 Rezone + \$200 SEPA) to Kittitas County Community Development Services Department

FOR STAFF USE ONLY

I CERTIFY THAT I RECEIVED THIS APPLICATION AND IT IS COMPLETE.

SIGNATURE: _____ DATE: _____ RECEIPT # _____

NOTES:



RECEIVED

JUN 15 2006

**Kittitas County
CDS**

*6/15/06
TV*

1. Name, mailing address and day phone of land owner(s) of record:

Name: BCSCBN INC. ATTN: SKIP Coddington
Mailing Address: 21828 87th AVE SE ~~5011E~~
City/State/ZIP: Woodinville, WA 98072
Day Time Phone: (425) 489-2810 OR (206) 953-6710

2. Name, mailing address and day phone of authorized agent, if different from landowner of record:

Agent Name: TODD LOKUS LAND SURVEYING, LLC.
Mailing Address: 1322 BASIN ST. SW SUITE A
City/State/ZIP: EPHRATA, WA 98823
Day Time Phone: (509) 754-0135 FAX 754-0137

3. Contact person for application (select one):

Owner of record Authorized agent

All verbal and written contact regarding this application will be made only with the contact person.

4. Street address of property:

Address: SE COR
INTX. I-90 + HUNTZINGER RD
City/State/ZIP: UANTAGE

5. Legal description of property:

Section 30, T-17, R-23
Please See ATTACHED
FOR PLANNED UNIT Development

6. Tax parcel number:

17-23-30010-0006, 17-23-30000-0001, 17-23-30000-0003

7. Property size:

75.61
~~58~~ ± Acres

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):

Please See Attached



9. What is the present zoning district? FOREST & RANGE
10. What is the zoning district requested? Planned Unit Development
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.
Yes By New Comp Plan Amendment
- B. The proposed amendment bears a substantial relation to the public health, safety or welfare.
Yes by detailed Attached Reports
- C. The proposed amendment has merit and value for Kittitas County or a sub-area of the county.
Yes, Increased tax base
- 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.
The PUD is appropriate because of New Comp Plan designation and need for Residence in the Subject Area
- E. The subject property is suitable for development in general conformance with zoning standards for the proposed zone.
Yes because of Comp Plan designation
- F. The proposed amendment will not be materially detrimental to the use of properties in the immediate vicinity of the subject property.
No, please see Attached Reports.
It will enhance use.

G. The proposed changes in use of the subject property shall not adversely impact irrigation water deliveries to other properties.

No, No IRRIGATION FACILITIES
Such As Canals exist on the subject Property

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.

13. Are there any other pending applications associated with the property associated with this application? Yes No

Signature of Authorized Agent:

X [Handwritten Signature] As Agent

Date:

5-29-06

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

X _____

Date:
