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Accepted By:

License #:

Date Processed:

Receipt #:

SOLID WASTE FACILITY PERMIT APPLICATION

Before changes or additions to buildings, equipment, new waste streams, or solid waste handling procedures, the Kittitas County Public Health Department must be contacted to perform a review and give approval.

The applicant is responsible for any legal fees incurred by KCPHD.

The permit expires annually on June 30th.

Facility Information		
Name:		
Physical Address (City, State, Zip):		
Mailing Address (City, State, Zip):		
Email:		
Facility Owner/Operator:		
Phone:		
Parcel Number:		
Exempt Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Facility Type (check all that apply)		
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal no changes	<input type="checkbox"/> Renewal with Changes
<input type="checkbox"/> Composting Facility \$1,545	<input type="checkbox"/> New Application Review (Hourly Rate)	
<input type="checkbox"/> Demolition/Inert Waste \$3,465	<input type="checkbox"/> Piles \$1,115	
<input type="checkbox"/> Limited Purpose Landfill \$2,060	<input type="checkbox"/> Recycling/ Material Recovery \$965	
<input type="checkbox"/> Moderate Risk Waste Facility \$1,285	<input type="checkbox"/> Transfer Station \$1,670	
<input type="checkbox"/> MSW Closed Landfill \$1,480	<input type="checkbox"/> Wood Waste \$1,305	
<input type="checkbox"/> MSW Active Landfill \$3,985	<input type="checkbox"/> Other:	
Waste Streams Accepted:		
The applicant certifies by signature that this application and the attached supporting documents have been prepared in accordance with WAC Chapter 173-304, 173-350, & 173-351. Permission is granted to allow the Health Officer and/or his representative to enter said facility at their discretion for the purpose of application evaluation and facility inspection.		
Signature:		Date: