SX-19-00018



### 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

"Building Partnerships - Building Communities"

## SHORELINE EXEMPTION PERMITTING

(For projects located within 200 feet of a body of water and/or associated floodway and wetlands under the jurisdiction of the Shoreline Master Program)

#### REQUIRED INFORMATION / ATTACHMENTS

MX

A scaled site plan is required showing location of all structures, driveways, well, septic, fences, etc. and proposed uses and distances from property lines, river, and Horizontal distance from OHWM. To show the Horizontal distance a profile view from the OHWM to the edge of structure/activity shall also be shown.

MO DW MD 2M

Include JARPA or HPA forms if required for your project by a state or federal agency.

SEPA Checklist, if not exempt per WAC 197-11-800.

VSP sponsored fish hatchery enhancement project: please provide documentation signed by the current VSP coordinator for verification. (CDS & PW fees are waived for these projects\*\*)

\*\*\*Please note a Shoreline Variance or Shoreline Conditional Use Permit may also be required. See Kittitas County Shoreline Master Program\*\*\*

#### **APPLICATION FEES:**

\$550.00 Kittitas County Community Development Services\*\*

\$550.00 Kittitas County Public Works\*\*

\$1,100.00 Fees due for this application when SEPA is not required\*\*

\$2,380.00 Fees due for this application when SEPA (\$1,280.00) is required\*\* (One check made payable to KCCDS)

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Application Received By (CDS Staff Signature):

DATE:

RECEIPT

cd19-03204

COMMUNITY PLANNING \* BUILDING INSPECTION \* PLAN REVIEW \* ADMINISTRATION \* PERMIT SERVICES \* CODE ENFORCEMENT \* FIRE I

FORM LAST REVISED: 05-01-2019 Page 1 of 6

# **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:	Laura and Dean Daniels			
	Mailing Address:	1657 Bar 14 Rd			
	City/State/ZIP:	Ellevisioura WA			
	Day Time Phone:	S09-929-2623			
	Email Address:	daniels Laura 260 gmail com			
2.	Name, mailing addres	is and day phone of authorized agent, if different from landowner of record: is indicated, then the authorized agent's signature is required for application submittal.			
	Agent Name:	Kylie Clark AND Jan Blizzard			
	Mailing Address:	PO BOX 895			
	City/State/ZIP:	POST TAILS ID 83877			
	Day Time Phone:	509-496-3009			
	Email Address:	Kylieclarkssallgmail.com Jandfindssa.ne			
3.	Name, mailing addres	s and day phone of other contact person wher or authorized agent.			
	Name:	CJ LINDGUIST			
	Mailing Address:	PO BOX 895			
	City/State/ZIP:	Post Falls 1D			
	Day Time Phone:	509-991-5300			
	Email Address:	lindquistej@gmail.com			
4.	Street address of prop	erty:			
	Address:	1687 Bar 14 Rd			
	City/State/ZIP:	Ellensburg wa			
5.	Legal description of property of the Sec 4 Tu	operty: (attach additional sheets as necessary) who is ROE 19 PTN SW 1/4 parcell 12 833/227			
б.	Tax parcel number(s):	20937			
7.	Property size:3.	(acres)			

# **Project Description**

1.	Briefly summarize the purpose of the project:  36 × 30 Shop for Stora	age		
2.	What is the primary use of the project (e.g. Resident	ial, Commercial, Public, Recreation)?		
3. What is the specific use of the project (e.g. single family home, subdivision, boat launch, restoration pr				
4.	Fair Market Value of the project, including material	s, labor, machine rentals, etc. 36 980.00		
5. Anticipated start and end dates of project construction: Start Feb   2020End Mari				
	Authoriz	zation		
U P	Application is hereby made for permit(s) to authorize the with the information contained in this application, and to is true, complete, and accurate. I further certify that I perhereby grant to the agencies to which this application is inspect the proposed and or completed work.	hat to the best of my knowledge and belief such information ossess the authority to undertake the proposed activities.		
		d Owner of Record and copies sent to the authorized agent		
or cont	act person, as applicable.			
	ure of Authorized Agent: IIRED if indicated on application)	Date:		
x_\	4Mclun-	11-14-19		
	ure of Land Owner of Record Date:			
(Requi	red for application submittal):	11-21-19		
V				

### FOR STAFF USE ONLY

1.	Provide section, township, and range % Section Section	of project location:N. Ra	nge E., W.M	•		
2.	2. Latitude and longitude coordinates of project location (e.g. 47.03922 N lat. / -122.89142 W long.):  [use decimal degrees - NAD 83]					
3.						
4.	☐ Private ☐ Federal  Land Use Information:	☐ State	☐ Loçal	☐ Tribal		
	ning:	Comp Plan Land Use De	signation:			
5.	Shoreline Designation: (check all that apply)					
	☐ Urban Conservancy ☐		☐ Rural Conserv	/алсу		
	☐ Natural	☐ Aquatic		•		
6.	Requested Shoreline Exemption per V	WAC 173.27.040:				
	6 .	Vegetation				
7.	Will the project result in clearing of t	ree or shrub canopy?				
7	☐ Yes	DA No				
If '	Yes', how much clearing will occur?_	NA	(square	e feet and acres)		
8.	Will the project result in re-vegetation	n of tree or shrub canopy?				
	☐ Yes	No No				
If '	Yes', how much re-vegetation will occ	ur?	(squar	e feet and acres)		
	. 7	Wetlands		san mery		
9.	Will the project result in wetland imp	pacts?				
	☐ Yes	No Alla				
If '	Yes', how much wetland will be perma	anently impacted? NA	(squa	re feet and acres)		
10.	Will the project result in wetland rest	oration?	- 1 K 11			
	☐ Yes	Žino.				
Ire	Yes', how much wetland will be restor	ed? NA	(square feet and acr	es)		

## Impervious Surfaces

11. Will the project result in crea	ation of over 500 square feet of impervious surfaces?	
<b>D</b> -Yes	C) No	
If 'Yes', how much impervious su	urface will be created?	(square feet and acres)
12. Will the project result in rem	oval of impervious surfaces?	
☐ Yes	\$No	
If 'Yes', how much impervious su	irface will be removed? NA	(square feet and acres)
	Shoreline Stabilization	
13. Will the project result in crea (revetment/bulkhead/riprap)!	tion of structural shoreline stabilization structures	
☐ Yes	×No	
If 'Yes', what is the net linear feet	t of stabilization structures that will be created?	MA
14. Will the project result in remo (revetment/bulkhead/riprap)?	oval of structural shoreline stabilization structures	
☐ Yes	X No	W. F
If 'Yes', what is the net linear feet	of stabilization structures that will be removed?	NA
	Levees/Dikes	
15. Will the project result in creat	tion, removal, or relocation (setting back) of levees/di	ikes?
☐ Yes	≥ No	
If 'Yes', what is the net linear feet	of levees/dikes that will be created?	-
If 'Yes', what is the net linear feet	of levees/dikes that will be permanently removed?	NA
If 'Yes', what is the linear feet of le	evees/dikes that will be reconstructed at a location fu	erther from the
	Floodplain Development	
16. Will the project result in develo	opment within the floodplain? (check one)	
☐ Yes	A No	
If 'Yes', what is the net square feet *Note: A floodplain development is i	of structures to be constructed in the floodplain? required per KCC 14.08; please contact Kittitas Count	ty Public Works
17. Will the project result in remov	val of existing structures within the floodplain? (che	eck one)
☐ Yes	∆ No	ed T
If 'Yes', what is the net square foots	age of structures to be removed from the floodplain Page 5 of 6	, NA

## **Overwater Structures**

18. Will the project re	sult in construction of a	n overwater dock	, pier, or float?	(check one)
	☐ Yes	No.		
If 'Yes', how many over	erwater structures will	be constructed?_	N	<del>A</del>
What is the net square	footage of water-shadi	ng surfaces that w	rill be created?	NA
19. Will the project re	sult in removal of an ov	erwater dock, pie	r, or float? (ch	eck one)
	☐ Yes	MI.No		
If 'Yes', how many ove	erwater structures will	be removed?	JA	
	footage of water-shadi			NA
		nary/Conclusion		nderson i gent school of
	use be consistent with t (attach additional shee		V 90.58.020 and	f the Kittitas County Shoreline
	Yes	☐ No		
Please explain:	Mass, No	st and Tapport	they of	determined shoreline
-				
functions: (attach	onal information neede additional sheets and re	elevant reports as	necessary)	
SEE (	atrachoa	by Ed a	semal	
		17.0		
***************************************	- Kitarian			
		v		

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