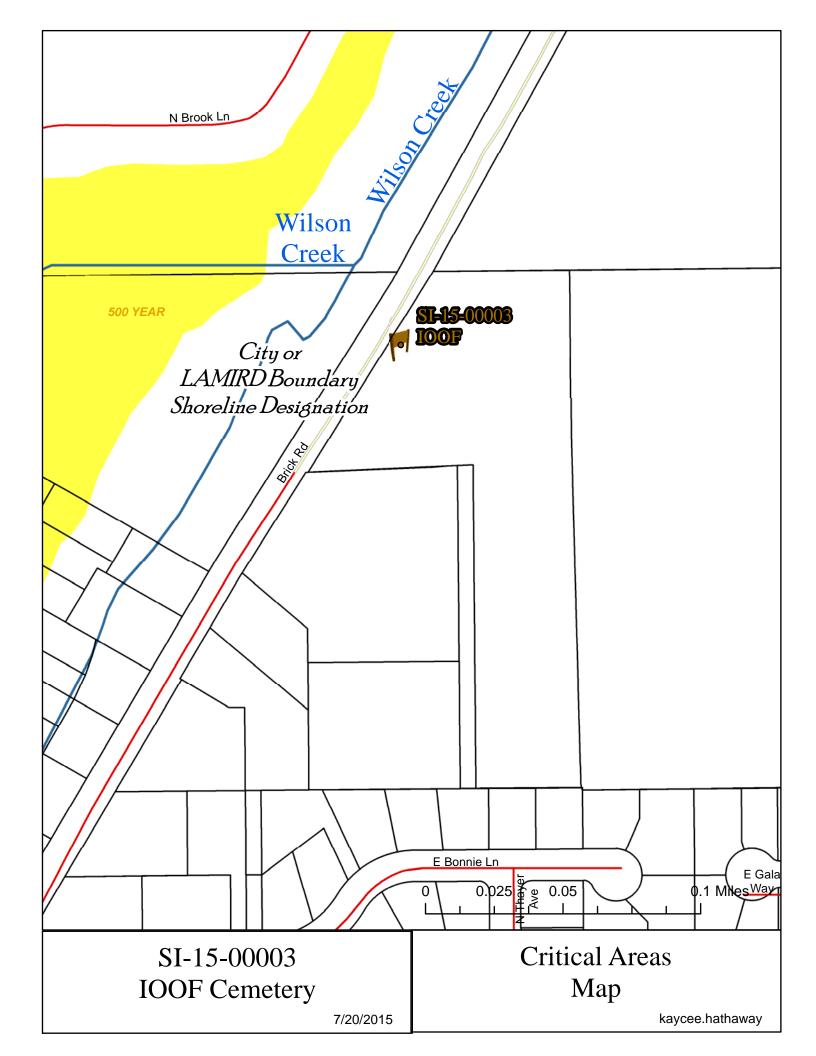
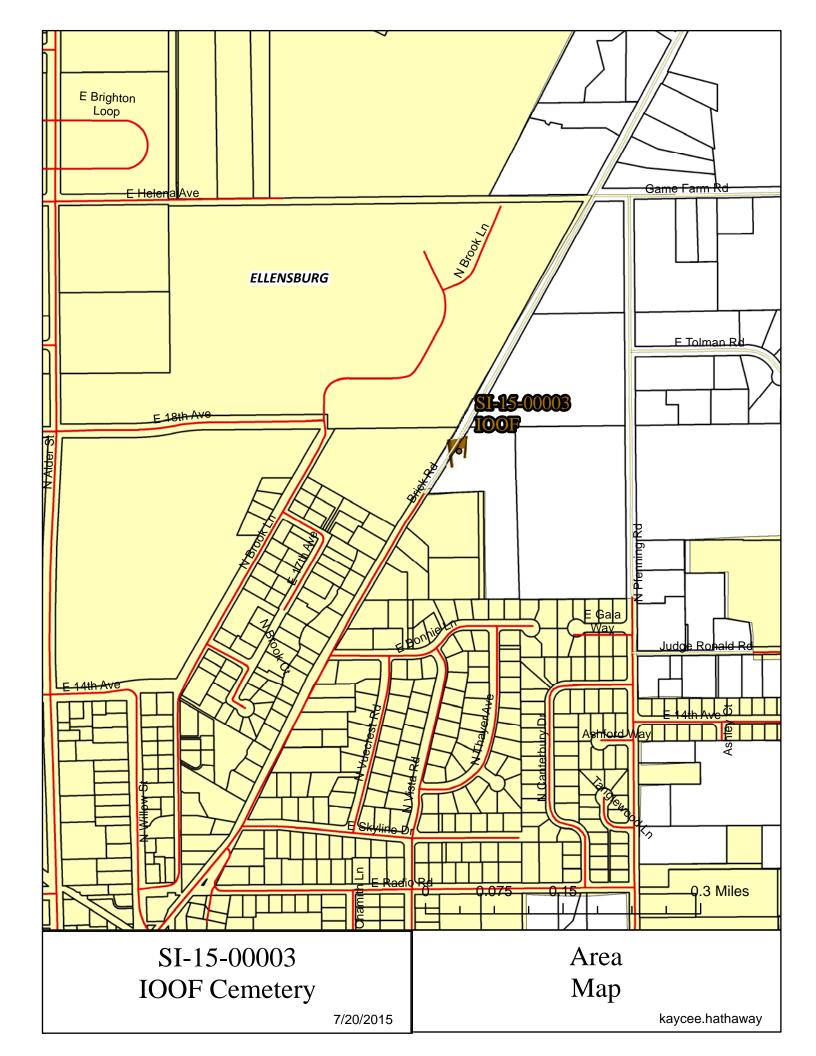
# **Critical Areas Checklist**

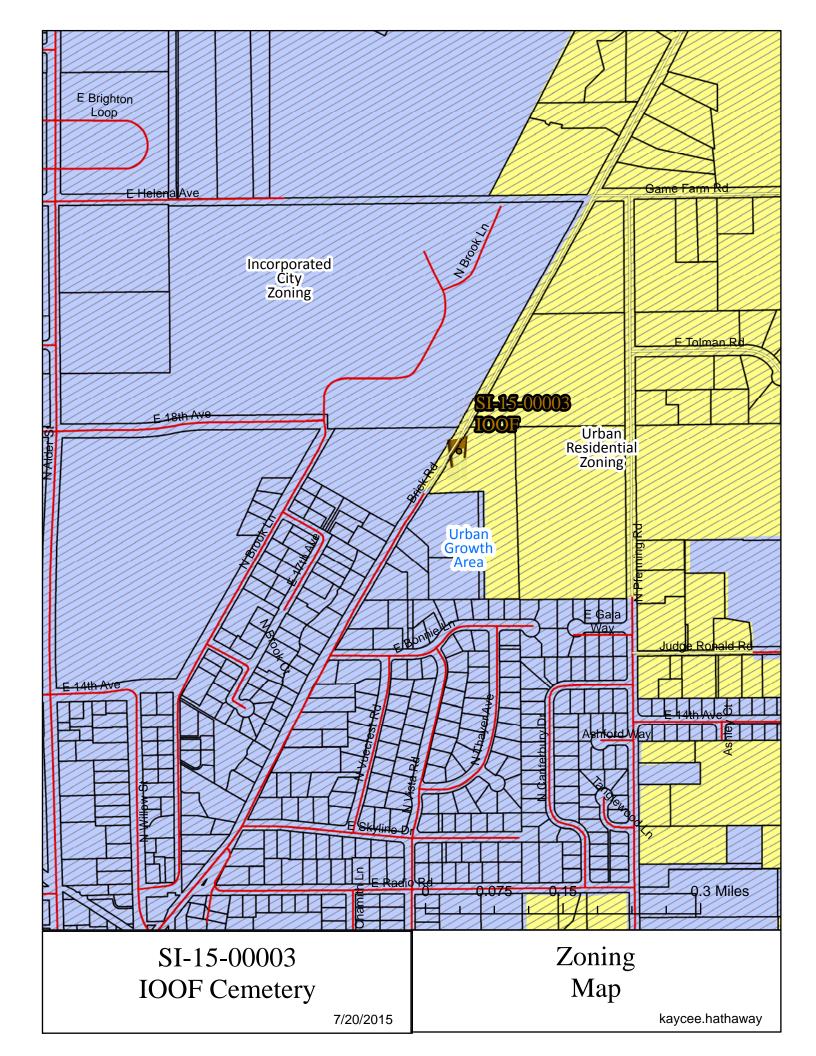
Monday, July 20, 2015	
Application File Number SI-15-00003	#4
Planner Kaycee Hathaway	
Is SEPA required 🗌 Yes 🗹 No	▶*
Is Parcel History required?	
What is the Zoning? Urban Residential	<b>9</b> /
Is Project inside a Fire District? Yes No	
If so, which one? Fire District 2	
Is the project inside an Irrigation District? $igvee  ext{Yes}$ Yes $igvee$ No	
If so, which one? Cascade	
Does project have Irrigation Approval?	
Which School District? Ellensburg	
Is the project inside a UGA?	
If so which one? Ellensburg	
Is there FIRM floodplain on the project's parcel? $\square$ Yes $\checkmark$ No	
If so which zone?	
What is the FIRM Panel Number?	
Is the Project parcel in the Floodway? $\Box$ Yes $ullet$ No	
Does the project parcel contain a shoreline of the State? $\Box$ Yes $ullet$ No	
If so what is the Water Body?	
What is the designation?	
Does the project parcel contain a Classified Stream? $\Box$ Yes $ullet$ No	
If so what is the Classification?	
Does the project parcel contain a wetland? $\Box$ Yes $igsquare$ No	
If so what type is it?	
Does the project parcel intersect a PHS designation? $\Box$ Yes $ullet$ No	
If so, what is the Site Name?	
Is there hazardous slope in the project parcel? $\square$ Yes $\blacksquare$ No	
If so, what type?	

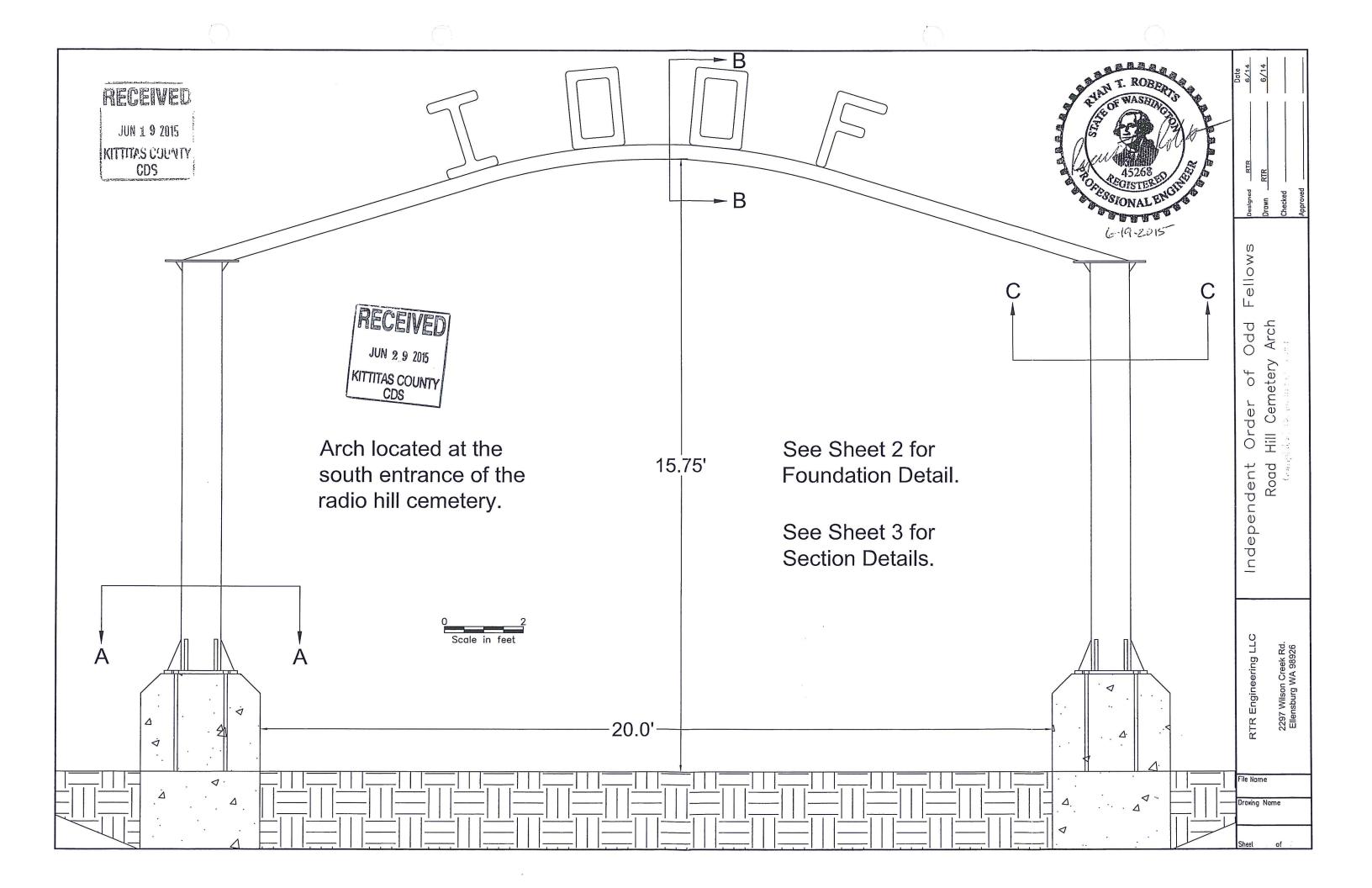
Does the project parcel abut a DOT road? Yes Vo
If so, which one?
Does the project parcel abut a Forest Service road? $\Box$ Yes $\checkmark$ No
If so, which one?
Does the project parcel intersect an Airport overlay zone ? $\Box$ Yes $\checkmark$ No
If so, which Zone is it in?
Does the project parcel intersect a BPA right of way or line? $\Box$ Yes $\checkmark$ No
If so, which one?
Is the project parcel in or near a Mineral Resource Land? $\Box$ Yes $igveed Y$ No
If so, which one?
Is the project parcel in or near a DNR Landslide area? $\begin{tabular}{ll} $$ Yes & $$ $$ No $$ $$ No $$ $$ $$ $$ $$ $$ $$ $$ $$ $$ $$ $$ $$$
If so, which one?
Is the project parcel in or near a Coal Mine area? $\hfill Yes$ $\hfill Yes$ No
What is the Seismic Designation? C
Does the Project Application have a Title Report Attached? $\Box$
Does the Project Application have a Recorded Survey Attached? $\Box$
Have the Current Years Taxes been paid? $\square$

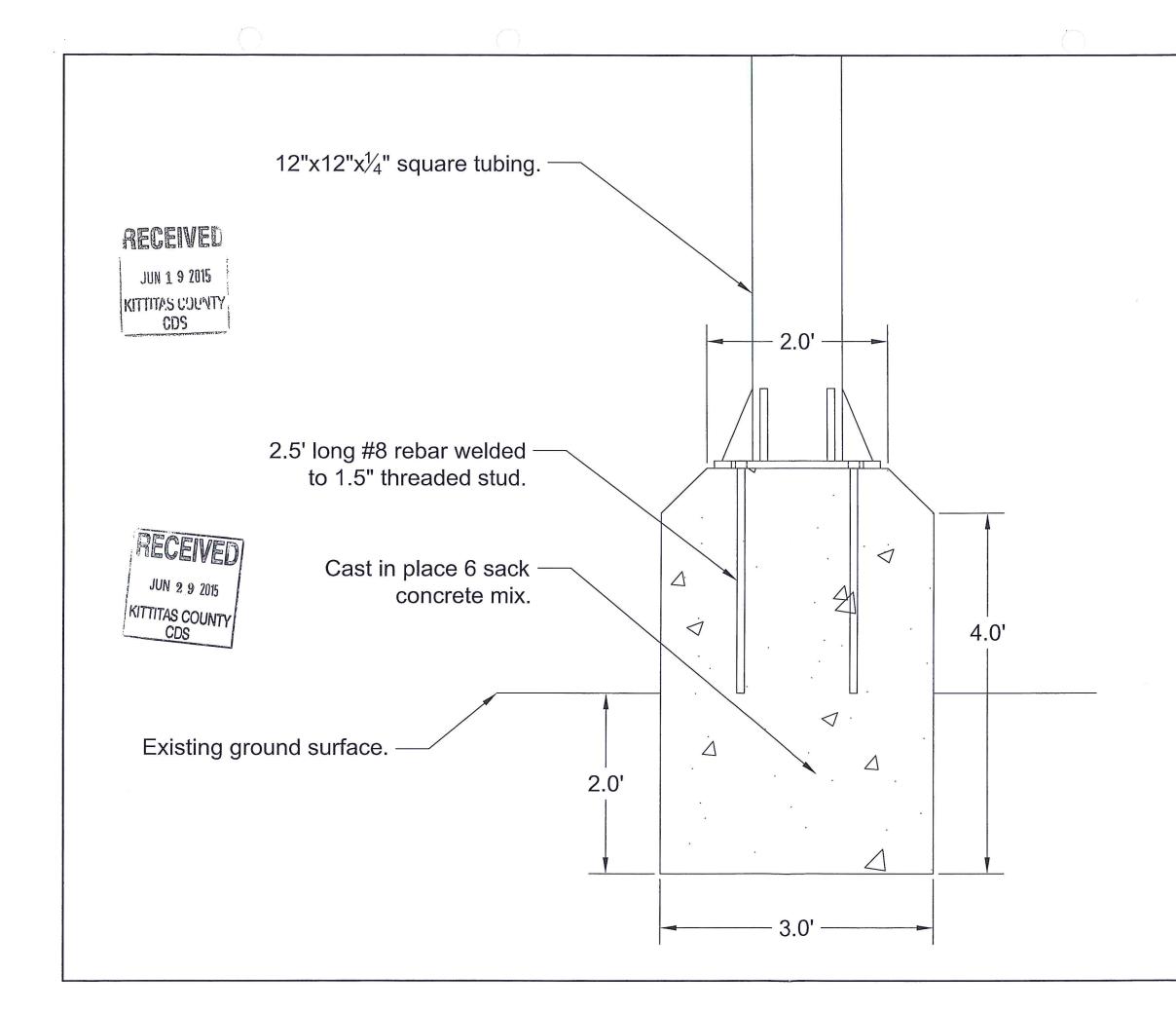


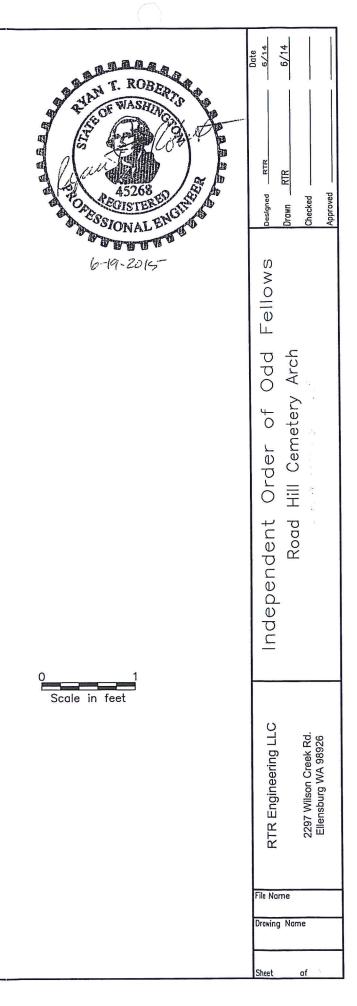


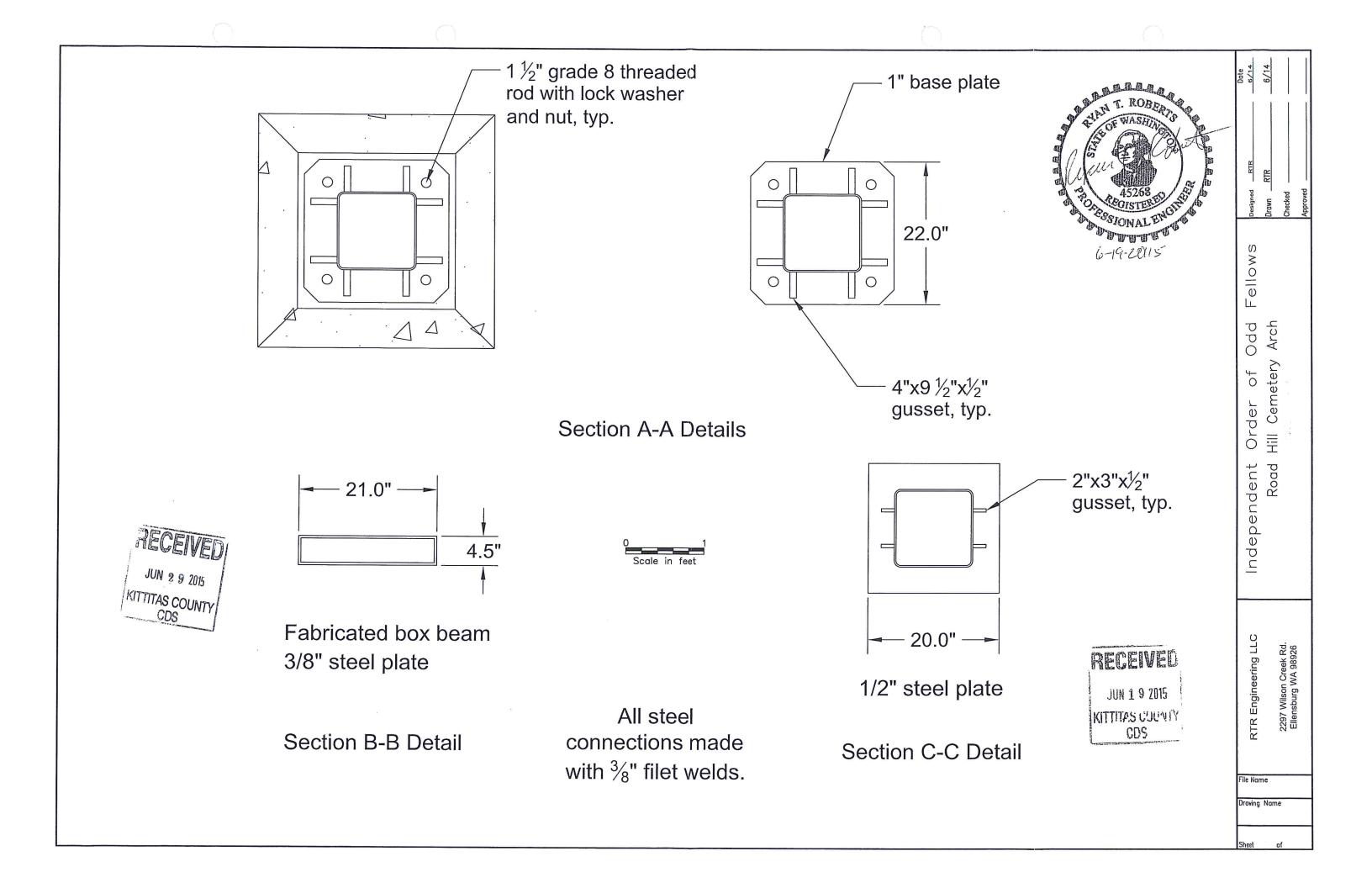


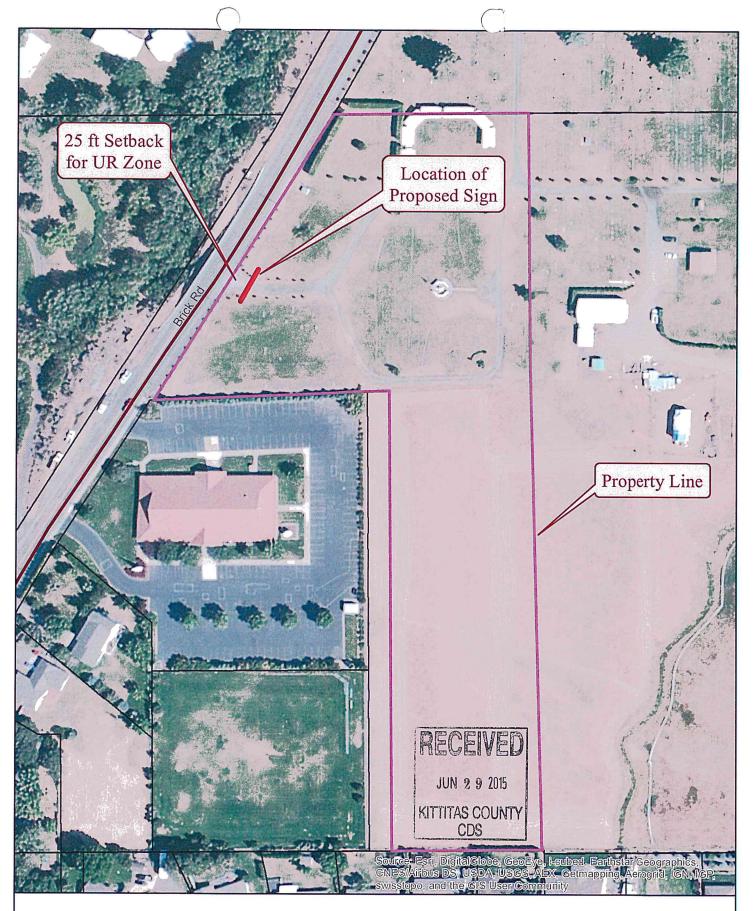












I.O.O.F. Proposed Sign and Archway Site Plan



d/

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

-- 15-1

## SIGN PERMIT APPLICATION

(For a permit to place a sign on a structure or site in accordance with KCC 17.72)

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. The following items must be attached to the application packet.

#### **REQUIRED ATTACHMENTS**

Site Plan showing the location of the sign, all roads and drives, setbacks from property lines, distance from right-of-way edge (Distance from the edge of a right-of-way shall be measured horizontally along a line normal or perpendicular to the center line off the highway).

Description of proposed sign: include dimensions, height and size of posts or footings, a statement of the precise location where the sign is to be erected or maintained, and a statement of the proposed size and shape of the design. Include a picture/visual of the sign if available.

Project Narrative responding to Question 9 on the following pages.

#### **APPLICATION FEES:**

75.00	Kittitas County Community Develo	pment Services (KCCDS	5)	
\$75.00	Total fees due for this application	(One check made payab	le to KCCDS)	
	F	OR STAFF USE ONLY		RECEIL
Application R	eceived By (CDS Staff Signature):			<u></u>
SW		UNE 15	RECEIPT # 2.024	JUN 2 9 2015
		1		KITTITAS COUNTY
				DATE STAMP IN BOX

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

FORM LAST REVISED: 04/21/11 Page 1 of 3

### GENERAL APPLICATION INFORMATION

 Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form.

Name:	TOOF Cemetery
Mailing Address:	P.O Box 154
City/State/ZIP:	Ellensburg WA 98926
Day Time Phone:	509-962-9768
Email Address:	_cemeteryioof@fairpoint.net

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 Watson
Mailing Address:	903 E. 8th
City/State/ZIP:	Ellensburg WA
Day Time Phone:	509-607-1134
Email Address:	jeffwatson135@gmail.com

#### 3. Name, mailing address and day phone of other contact person If different than land owner or authorized agent

If different that	n lana	owner	or aut	horized	agent.	
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4.

5.

6.

7.

8.

Name:	
Mailing Address:	
City/State/ZIP:	
Day Time Phone:	
Email Address:	
Street address of property:	
Address:	
City/State/ZIP:	
Legal description of property (attach additional sheets as necessary):	
Tax parcel number: <u>18-18-36077-0075</u> (474134)	
Property size:	(acres)
Land Use Information:	
Zoning: <u>Urban Residential</u> Comp Plan Land Use Designation: <u>Urban</u>	n

#### **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.

#### AUTHORIZATION

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.

<u>All correspondence and notices will be transmitted to the Land Owner of Record and copies sent to the authorized</u> <u>agent or contact person, as applicable.</u>

Signature of Authorized Agent: (REQUIRED in indicated on application)

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

X

Date:

<u>C/22/2015</u>

Date: