

VA-20-00005



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

CDS@CO.KITTITAS.WA.US

Office (509) 962-7506

ZONING VARIANCE APPLICATION

Relief from a provisions of Title 17 when, because of unusual circumstances, following such provision would cause undue hardship (See KCC 17.84)

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 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.
- Project Narrative responding to Questions 9 and 10 on the following pages.

APPLICATION FEES:

- \$1,840.00 Kittitas County Community Development Services (KCCDS)
- \$510.00 Kittitas County Environmental Health
- \$65.00 Kittitas County Fire Marshal

\$2,415.00 Total fees due for this application (One check made payable to KCCDS)

For Staff Use Only

Application Received By (CDS Staff Signature): 	DATE: 6/2/2020 Received 6/4/2020	RECEIPT # CD20-01241	RECEIVED JUN 02 2020 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: TOMEK NICZYPORUK
Mailing Address: 5025 227TH AVE SE
City/State/ZIP: ISSAQUAH WA 98029
Day Time Phone: 425-444-9665
Email Address: TCCCONSTRUCTION@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: Greg Gilkeson
Mailing Address: 1037 NE 65th ST #191
City/State/ZIP: Seattle, WA 98115
Day Time Phone: 206-478-3772
Email Address: 48boat@gmail.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: Address not yet assigned (Please see Legal Description)
City/State/ZIP: Snoqualmie Pass, WA 98068

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

SNOQUALMIE SUMMIT VILLAGE LOT 45; SEC. 9; TWP. 22; RGE. 11

6. **Tax parcel number:** 418035

7. **Property size:** .08 (acres)

8. **Land Use Information:**

Zoning: SNOQUALMIE PASS LAMIRDS Type 1, Residential
LAMIRD, Allowed Use

Comp Plan Land Use Designation:

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, and the provision of zoning code for which this variance is requested and the way in which you wish to vary from the code.
10. **A variance may be granted only when the following criteria are met (see KCC 17.84.10). Please describe in detail how each criteria is met for this particular request:**
- A. Unusual circumstances or conditions applying to the property and/or the intended use that do not apply generally to other property in the same vicinity or district, such as topography.
 - B. Such variance is necessary for the preservation and enjoyment of a substantial property right of the applicant possessed by the owners of other properties in the same vicinity.
 - C. That authorization of such variance will not be materially detrimental to the public welfare or injurious to property in the vicinity.
 - D. That the granting of such variance will not adversely affect the realization of the comprehensive development pattern.

AUTHORIZATION

11. 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:

5-28-2020

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

X  _____

Date:

5-28-2020