



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.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.

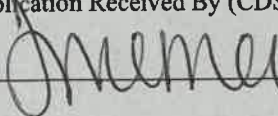
REQUIRED ATTACHMENTS

- 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:

\$1,850.00	Kittitas County Community Development Services (KCCDS)
\$275.00	Kittitas County Environmental Health
\$500.00	Kittitas County Public Works
\$65.00	Kittitas County Fire Marshal
\$2,690.00	Total fees due for this application (One check made payable to KCCDS)

For Staff Use Only

Application Received By (CDS Staff Signature): 	DATE: <u>1/17/23</u>	RECEIPT # <u>VA-23-00002</u>	<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <p style="font-size: 1.2em; font-weight: bold;">JAN 17 2023</p> <p style="font-weight: bold;">Kittitas County CDS</p>
			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: **Leif Mannes**

Mailing Address: **22450 Dofwood Lane**

City/State/ZIP: **Woodway, WA 98020-6122**

Day Time Phone: **206-250-9260**

Email Address: **leif.mannes@frontier.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: **Erik Hohmann, Straight Arrow Northwest, Inc.**

Mailing Address: **PO BOX 590**

City/State/ZIP: **North Bend, WA 98045**

Day Time Phone: **425-736-6760**

Email Address: **Str8arrownw@gmail.com**

4. Street address of property:

Address: **6730 Kachees River Road**

City/State/ZIP: **Easton, WA 98925**

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

20-13-03050-002 See attached site plan

6. Tax parcel number: **612136**

7. Property size: **1.08** (acres)

8. Land Use Information:

Zoning: **Residential / Single family**

Comp Plan Land Use Designation: **Residential**

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: Date:

(REQUIRED if indicated on application)

X *[Handwritten Signature]* _____

Signature of Land Owner of Record Date:

(Required for application submittal):

X *[Handwritten Signature]* *1-15-23*