



# KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

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Office (509) 962-7506

“Building Partnerships – Building Communities”

## ACCESSORY DWELLING UNIT PERMIT APPLICATION

*(Proposing an Accessory Dwelling Unit, per Kittitas County Code 17.08.022 and 17.15, when ADU is located outside an Urban Growth Area)*

**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

- A scaled site plan showing lot area, proposed/existing buildings, setbacks, points of access, roads, parking areas, water system components, septic tank, drainfield, drainfield replacement area, areas to be cut and/or filled, and natural features (i.e. contours, streams, gullies, cliffs, etc.)
- Project Narrative responding to Questions 9-13 on the following pages.

### APPLICATION FEES:\*

\* FEES BASED ON ADMINISTRATIVE USE PERMIT

\$1,570.00	Kittitas County Community Development Services (KCCDS) (SEPA exempt)
0.00	Kittitas County Department of Public Works
0.00	Kittitas County Fire Marshal

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**\$1,570.00 Total fees due for this application (One check made payable to KCCDS)**

### FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):	DATE:	RECEIPT #	
	_____	_____	_____
			<b>DATE STAMP IN BOX</b>

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**6. Tax parcel number:** \_\_\_\_\_

**7. Property size:** \_\_\_\_\_ **(acres)**

**8. Land Use Information:**

Zoning: \_\_\_\_\_

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, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- 10. **Describe in detail how this proposal meets the criteria of 17.60B.050 for Administrative Uses.**
  - 1. That the granting of the proposed administrative use permit approval will not:
    - i. Be detrimental to the public health, safety, and general welfare;
    - ii. Adversely affect the established character of the surrounding vicinity and planned uses; nor
    - iii. Be injurious to the uses, property, or improvements adjacent to, and in the vicinity of, the site upon which the proposed use is to be located.
  - 2. That the granting of the proposed administrative use permit is consistent and compatible with the intent of goals, objectives and policies of the comprehensive plan, and any implementing regulation.
  - 3. That all conditions necessary to mitigate the impacts of the proposed use are conditions that are measurable and can be monitored and enforced.
  - 4. That the applicant has addressed all requirements for a specific use.
- 11. **Describe the development existing on the subject property and associated permits.** List permit numbers if known. (i.e. building permits, access permits, subdivisions)
- 12. **Name the road(s) or ingress/egress easements that provide legal access to the site.**
- 13. **An Accessory Dwelling Unit is allowed only when the following criteria are met.** Please indicate if the ADU criteria found in KCC 17.15 is met by this project:
 

A. The parcel must be at least 3 acres in size ( <b>Resource &amp; Rural Non-LAMIRD Lands Only</b> )	<b>YES or NO</b>
B. The lot size must be at least 6,000 square feet ( <b>Rural LAMIRD Lands Only</b> )	<b>YES or NO</b>
C. Only one ADU shall be allowed per lot	<b>YES or NO</b>
D. The ADU shall not exceed 1,500 square feet	<b>YES or NO</b>
E. All setback requirements for the zone in which the ADU is located shall apply	<b>YES or NO</b>
F. The ADU shall meet the applicable health department standards for potable water and sewage disposal, including providing adequate water supplies under RCW 19.27.097	<b>YES or NO</b>
G. No mobile homes or recreational vehicles shall be allowed as an ADU	<b>YES or NO</b>
H. The ADU shall provide additional off-street parking	<b>YES or NO</b>
I. An ADU is not permitted on the same lot where a special care dwelling or an Accessory Living Quarters exists	<b>YES or NO</b>
J. The ADU must share the same driveway as the primary dwelling	<b>YES or NO</b>

**AUTHORIZATION**

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)**

**Date:**

X \_\_\_\_\_

\_\_\_\_\_

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

**Date:**

X \_\_\_\_\_

\_\_\_\_\_