



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

Office (509) 962-7506

"Building Partnerships – Building Communities"

PLANNED UNIT DEVELOPMENT REZONE

(For a rezone to the PUD zone, according to KCC 17.36 & KCC 17.98)

A **preapplication conference is REQUIRED** per KCC 15A.03.020 for this permit. The more information the County has early in the development process, the easier it is to identify and work through issues and conduct an efficient review. To schedule a preapplication conference, complete and submit a Preapplication Conference Scheduling Form to CDS. Notes or summaries from preapplication conference should be included with this application.

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.

IS THIS PUD REZONE ACCOMPANIED BY A SPECIFIC DEVELOPMENT PROPOSAL?

Yes. Please describe development:

No. Please also complete the Comprehensive Plan Amendment application form. This application must be processed through the Annual Comprehensive Plan Amendment Process.

REQUIRED ATTACHMENTS

- Site plan of the property with all proposed buildings, points of access, roads, parking areas, septic tank drainfields, drainfield replacement area, areas to be cut and/or filled, natural features such as contours, streams, gullies, cliffs, etc.
- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
- Legal description of property to be reclassified
- A preliminary development plan conforming to the requirements of KCC 17.36.030
- Project Narrative responding to Questions 9-10 on the following pages.

APPLICATION FEES:

\$4,680.00 Kittitas County Community Development Services (KCCDS)
 \$1,215.00* Kittitas County Public Works
 \$130.00 Kittitas County Fire Marshal

\$6,025.00 Total fees due for this application (One check made payable to KCCDS)

*5 hours of review included in Public Works Fee. Additional review hours will be billed at \$243 per hour.

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): _____ DATE: _____ RECEIPT # _____

DATE STAMP IN BOX

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:** 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 how this proposal will transfer the required transferrable development rights:** According to KCC 16.030.5, this Planned Unit Development may require transferring development rights at a rate proportionate to the size of the development (see 17.13.080.6). The transfer of development rights process is described in KCC 17.13. Please describe whether this project will require transferred development rights, and if they are required, describe how this requirement will be met.

- 11. **Applicants for rezone must demonstrate that the following criteria are met.** Please describe how each of the following criteria has been met (attach additional sheets as necessary):
 - A. The proposed amendment is compatible with the comprehensive plan.
 - B. The proposed amendment bears a substantial relation to the public health, safety or welfare.
 - C. The proposed amendment has merit and value for Kittitas County or a sub-area of the county.
 - D. The proposed amendment is appropriate because of changed circumstances or because of a need for additional property in the proposed zone or because the proposed zone is appropriate for reasonable development of the subject property.
 - E. The subject property is suitable for development in general conformance with zoning standards for the proposed zone.
 - F. The proposed amendment will not be materially detrimental to the use of properties in the immediate vicinity of the subject property.
 - G. The proposed changes in use of the subject property shall not adversely impact irrigation water deliveries to other properties.

AUTHORIZATION

- 12. 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 _____
