



# KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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"Building Partnerships – Building Communities"

## ACCESSORY DWELLING UNIT PERMIT APPLICATION

*(Proposing an Accessory Dwelling Unit, per Kittitas County Code 17.08.022, 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

- Site plan of the property with all proposed buildings, points of access, roads, parking areas, septic tank, drainfield, drainfield replacement area, areas to be cut and/or filled, natural features such as contours, streams, gullies, cliffs, etc.
- Completed application for a Conditional Use Permit, including fees.
- Project Narrative responding to Questions 9-13 on the following pages.

### APPLICATION FEES:\*

\* FEES BASED ON ADMINISTRATIVE USE PERMIT

\$

1000.00	Kittitas County Community Development Services (KCCDS) (SEPA exempt)
0.00	Kittitas County Department of Public Works
0.00	Kittitas County Fire Marshal

**\$1000.00 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>
_____	_____	_____	

**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 how this proposal meets the criteria of 17.60B.050 for Administrative Uses.**
- 11. **Describe the development existing on the subject property and associated permits.** List permit numbers if know. (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 describe in detail how each criteria found in KCC 17.08.022 is met for this particular project:
  - A. ADU's shall be allowed as a permitted use within designated Urban Growth Areas
  - B. ADU's shall be subject to obtaining an Administrative Use permit in areas outside Urban Growth Areas
  - C. There is only one ADU on the lot.
  - D. The owner of the property resides in or will reside in either the primary residence or the ADU.
  - E. The ADU does not exceed the square footage of the habitable area of primary residence.
  - F. The ADU is designed to maintain the appearance of the primary residence.
  - G. The ADU meets all the setback requirements for the zone in which the use is located.
  - H. The ADU has or will meet the applicable health department standards for potable water and sewage disposal.
  - I. No mobile homes or recreational vehicles shall be allowed as an ADU.
  - J. The ADU has or will provide additional off-street parking.
  - K. The ADU is not located on a lot in which a Special Care Dwelling or an Accessory Living Quarter already exists.

**AUTHORIZATION**

- 14. 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 \_\_\_\_\_

\_\_\_\_\_