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|  | Land Use Application Cover Sheet | PA-01 APPLICATION |
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Community Development Department
 501 N. Anderson, Ellensburg, WA 98926

(509) 962-7239 (Building) permits@ci.ellensburg.wa.us (509) 962-7231 (Planning) comdev@ci.ellensburg.wa.us

INSTRUCTIONS – PLEASE READ FIRST AND ANSWER ALL QUESTIONS COMPLETELY.

If you have any questions about this form or the application process, please ask to speak with a planner. All necessary attachments and the filing fee are required upon submittal. Filing fees are not refundable. This application consists of two parts. PART I - GENERAL INFORMATION and PART II, project descriptions and site plan contain additional information specific to your proposal and all required information MUST be attached to this page to complete the application process.

PART I – GENERAL INFORMATION

| | | | | | |
|---|--|---|--------------------------------|------------------------------------|--------------------------------------|
| 1. Applicant's Information | Name: | JLS HOLDINGS LLC | | | |
| | Mailing Address: | 1906 WEST NOR HILL BLVD | | | |
| | City: | YAKIMA | St: | WA | Zip: 98902 |
| | E-Mail: | 1906@clpnw.com | | | |
| 2. Applicant's Interest in Property | Check One: | <input checked="" type="checkbox"/> Owner | <input type="checkbox"/> Agent | <input type="checkbox"/> Purchaser | <input type="checkbox"/> Other _____ |
| 3. Property Owner's Information (If other than Applicant) | Name: | | | | |
| | Mailing Address: | | | | |
| | City: | St: | Zip: | Phone : () | |
| | E-Mail: | | | | |
| 4. Subject Property's Assessor's Parcel Number(s): | 497133 | | | | |
| 5. Legal Description of Property. (if lengthy, please attach it on a separate document) | TWN E8426: MURRAY'S ADD. LOT 4+5: BUK 25 | | | | |
| 6. Property Address: | 108-S. WATER STA | | | | |
| 7. Property's Existing Zoning: | <input type="checkbox"/> RS <input type="checkbox"/> RL <input type="checkbox"/> RM <input type="checkbox"/> RH <input type="checkbox"/> RO <input type="checkbox"/> CN <input type="checkbox"/> CH <input type="checkbox"/> CC <input checked="" type="checkbox"/> CII <input type="checkbox"/> IL <input type="checkbox"/> NC-MU <input type="checkbox"/> RC-MU <input type="checkbox"/> IH <input type="checkbox"/> PR <input type="checkbox"/> MHP | | | | |

8. Type Of Application: (Check All That Apply)

| | | |
|--|--|--|
| <input type="checkbox"/> Final Plat Application | <input type="checkbox"/> Environmental Checklist (SEPA Review) | <input type="checkbox"/> Conditional Use Permit |
| <input checked="" type="checkbox"/> Type (II) Review | <input type="checkbox"/> Landmarks COA | <input type="checkbox"/> Rezone |
| <input type="checkbox"/> Boundary Line Adjustment | <input type="checkbox"/> Landmarks Demolition | <input type="checkbox"/> Shoreline |
| <input type="checkbox"/> Short Plat Alteration | <input type="checkbox"/> Commercial Wireless Communication | <input type="checkbox"/> Critical Areas Review |
| <input type="checkbox"/> Preliminary Short Subdivision | <input type="checkbox"/> Appeal to HE / City Council | <input type="checkbox"/> Variance/Admin. Variance |
| <input type="checkbox"/> Preliminary Long Subdivision | <input type="checkbox"/> Code Interpretation | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Plat Vacation | <input type="checkbox"/> Regional Retail Master Plan | <input type="checkbox"/> Design Review Major/Minor |
| <input type="checkbox"/> Plat Alteration | <input type="checkbox"/> Design Review Departure | <input type="checkbox"/> Binding Site Plan |
| <input type="checkbox"/> Master Plan P-R Use | <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Essential Public Facility |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Development Code Amendment | <input type="checkbox"/> Site Development Permit |

9. PART II – PROJECT DESCRIPTION AND SITE PLAN (See attached page)

10. I certify that the information on this application and the required attachments are true and correct to the best of my knowledge.

Property Owner's Signature

11/4/25

Applicant's Signature

11/4/25

FILE/APPLICATION(S) #

| | | | |
|----------------|--------------|--------------|-------------|
| DATE FEE PAID: | RECEIVED BY: | AMOUNT PAID: | RECEIPT NO: |
|----------------|--------------|--------------|-------------|