

NOTICE OF PUBLIC HEARING, GOLD BAR HEARING EXAMINER, CITY OF GOLD BAR, WASHINGTON



Conditional Use Permit - Travel Trailer Court (LS-002-23)

Notice is hereby given that the Gold Bar Hearing Examiner will hold a Public Hearing on Wednesday January 17, 2024, at 6:00 PM via "Zoom" meeting online and in-person at City Hall. Instructions for the meeting are on the city's website: www.cityofgoldbar.us

The purpose of the hearing is to obtain public testimony regarding a proposed Conditional Use Permit for a two (2) pad Travel Trailer Court. The site consists of a one parcel: 005534400100103. The applicant for the proposed Conditional Use Permit is Russell Haney, 40709 SR 2, Gold Bar, WA 98251.

The application was determined to be technically complete for processing and public review on November 28, 2023. Completed application material evaluating the proposed project referred to as the Rico's Pizza & RV (LS-002-23) is available at City Hall, 107 5th Street, Gold Bar, WA.

It is the right of any person to review and comment on the application, receive notice of, and participate in, any hearings, request a copy of decisions once made and exercise any rights of appeal. Written comments must be in delivered to City Hall by 5 PM, December, 29th, 2023. Written or verbal comments may be presented at the public hearing.

This hearing will be held remotely using the Zoom internet program. Each party and its witnesses must participate in this hearing either by computer (your computer must be equipped with a camera and microphone) or by telephone. The Zoom "Meeting ID" for this hearing is: **839 6339 9812**. The Zoom "Meeting Password" for this hearing is: **856643**. To join the hearing by computer, log on to <https://zoom.us/j/96895660769> and follow the prompts. (You may or may not be prompted to enter the Meeting Password.) To join the hearing by telephone, call any one of the following numbers: 253-215-8782 US (WA Federal Way/Pierce County area), 312-626-6799 (Chicago area), 346-248-7799 (Houston area), 301-715-8592 (Maryland area), 929-205-6099 (New York area) or 669-900-6833 (San Jose area) Note: Toll charges may apply. Follow the prompts. You may or may not be prompted to enter the Meeting Password. If prompted to enter a "Participant ID," press the # key to skip this step.

City of Gold Bar

EST. 1910



107 – 5th Street, Gold Bar, WA 98251

NOTICE OF APPLICATION

RE: Land Use – Conditional Use Permit – Application No. LS-002-2023
40709 SR-2 Gold Bar WA 98251
Tax Parcel No. (s): 00534400100103

The following information is provided in accordance with Gold Bar Municipal Code 19.02.040.

1. Date of Application: November 8, 2023

Date of the Notice of Completeness: November 28, 2023

Date of the Notice of Application: November 28, 2023
2. Project Description: The applicant seeks a Conditional Use Permit for two(2) RV sites on existing commercial property.
3. No other permits are included in the application.
4. A Conditional Use Permit Application was submitted with a site plan and design approval for Snohomish County Dept. of Health.
5. **Public comments will be taken from Dec 1, 2023 through December 29th, 2023, 5:00PM.** It is the right of any person to comment on the application, receive notice of and participate in any hearings, request a copy of the decision once made, and any appeal rights. Written comments may be mailed to City of Gold Bar, 107-5th Street, Gold Bar, WA 98251.
6. An **Open Record Public Hearing** will be held before the Hearing Examiner on January 17, 2024 at 6pm. The Public Hearing will be both online via ZOOM and in-person at City Hall. Please contact City Hall for more details.
7. A preliminary determination of consistency has been made at the time of this notice. In accordance with GBMC 19.40.010, the determination of consistency shall include the following:
 - a. The type of land use permitted at the site, including uses that may be allowed under certain circumstances, if the criteria for their approval have been satisfied;

The proposed action location is designated as Commercial and the proposed use is allowed as a Conditional Use.
 - b. The level of development, such as units per acre, density of development in urban growth areas, or other measures of density;

The 2015 City of Gold Bar Comprehensive Plan, Commercial. The lot sizes of the proposal meet existing minimum square foot requirements. The parcel is located next to existing single family residences, other commercial property and some vacant property.

- c. Availability and adequacy of infrastructure and public facilities identified in the comprehensive plan, if the plan or development regulations provide for funding of these facilities as required by RCW Chapter 36.70A; and

Infrastructure and public facilities are located adjacent to the proposed land use action. Public potable water is located on the SE corner of the proposal. Snohomish County Health septic designs will be approved before any building permit will be issued.

- d. Character of the development, such as development standards.

City of Gold Bar Municipal Code Title 17 outlines the requirements for commercial property. The application was submitted based on those requirements. The proposal does not include any infrastructure improvements.

- 8. A SEPA checklist was not submitted with the application.

Please contact Rich Norris or Denise Beaston at (360)793-1101 for more information.

City of Gold Bar

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107 – 5th Street, Gold Bar, WA 98251

NOTICE OF COMPLETE APPLICATION

November 28, 2023

Owner/Applicant
Russel Haney
40709 SR 2
Gold Bar WA 98251

Type of Application: Land Use- Conditional Use Permit. Application No. LS-002-2023

Location of Site: 40709 SR 2
Gold Bar, WA 98251
Tax Parcel No.(s) 00534400100103

Gold Bar Municipal Code Title 19 Sections 19.02.020 and 19.02.030 determine if an application is to be identified as complete or non-complete. City staff reviewed your application for completeness and determined all requirements of Title 19 Section 19.02.030 have been submitted with your application. No SEPA checklist was provided.

City staff has determined that the application for a Land Use – Conditional Use Permit is a **complete** application. City staff may request further information during the permit review process and decision making.

If you have questions please contact Rich Norris or Denise Beaston at Gold Bar City Hall, (360)793-1101 or by email shown below.

Respectfully:

Rich Norris
Public Works Director,
r.norris@cityofgoldbar.us

Denise Beaston
d.beaston@cityofgoldbar.us

Cc: DB,SY

City of Gold Bar

EST. 1910



107 - 5th Street, Gold Bar, WA 98251

REQUIRED APPLICATION INFORMATION (ALL Permits)

If it is necessary to submit applications for more than one permit, just fill out this page once.

Property Owner's Name: Russell Haney

Affidavit of Ownership: owner Russell Haney

(Attached) Address 40709 SR 2 Gold Bar WA. 98251

Phone/Fax: 425-232-8448

Email: rhaneys440@hotmail.com

Applicant/Agent's Name: Russell Haney

Address: 40709 SR 2 Gold Bar WA. 98251

Phone/Fax: 425-232-8448

Email: rhaneys440@hotmail.com

Project Site Address: 40709 SR 2 Gold Bar WA. 98251

Tax Parcel Number(s): 00534400100103

Legal Description: O'Donnell Acre TRS PLAT

(Maybe on a separate sheet)

Project Name (If Applicable): Rico's Pizza and R.V.

Permits Needed (Check all that Apply)

<input type="checkbox"/> Boundary Line Adjustment (BLA)	<input type="checkbox"/> Shoreline Conditional Use
<input type="checkbox"/> Clearing & Grading	<input type="checkbox"/> Shoreline Development
<input checked="" type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Shoreline Variance
<input type="checkbox"/> Critical Area Exception	<input type="checkbox"/> Short Plat
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Variance (Land Use/ Building/Floodplain)

City of Gold Bar

EST. 1910



107 - 5th Street, Gold Bar, WA 98251

APPLICATION FOR CONDITIONAL/SPECIAL USE PERMIT

(FOR OFFICE USE ONLY)

Application No: _____
Name of Applicant: _____
Date of Pre-Application Conference: _____
Date of Filing: _____
Date of Scheduled Hearing: _____

(FOR APPLICANT USE ONLY)

Signature of Applicant: Russell Honey
Signature of Property Owner: Russell Honey
Mailing Address of Applicant: P.O. Box 716 Gold Bar WA. 98251
Mailing Address of Property Owner: P.O. Box 716 Gold Bar WA. 98251
Phone Number of Applicant and/or Contact Person: 425-232-8448 cell
Location of Property: 40709 SR 2 Gold Bar WA. 98251

Tax Parcel Number(s) of Property: 00534400100103

Area Map/Site Plan (outlined in red): O'Donnell ACRE

The above signed applicant is the owner of the property described as follows or is acting on behalf of the owner as agent: Rico's Pizza and RV (2 sites)

Present Zoning: Commercial

Site Area: O'Donnell 1 ACRE

% of Land Area Covered By Building (Existing) 2% (Proposed) 2.5%

% of Land Area Used (Existing) 50% (Proposed) 51%

1. Describe in detail, the proposed use of the property.

Rico's Pizza and RV, (2 sites) to make available a place for 2 RVs to get off the road and rest.

2. The granting of the conditional/special use permit will not be materially detrimental to the public welfare or injurious to the environment, property or improvements in the vicinity and zone in which subject property is located for the following reasons:

The 2 sites are in the back of property protected by trees & hills to block noise and sight.

3. Describe measures proposed to be undertaken to offset offensive odors, smoke, noise, traffic congestion, unsightly structures or equipment, and to protect the environment:

The 2 sites are in the back of property protected by trees and hills to block noise and sight. Garbage can will be provided.

4. The granting of the conditional/special use permit will not adversely affect the purpose of the comprehensive general plan, would promote the general public welfare and would not be detrimental to the surrounding environment for the following reasons:

The 2 sites are and have been in place for years but not used. No other clearing needs to be done to accomplish site.

5. Can subject property be reasonably used under the provisions of the zoning ordinance? If your answer is "no", explain why.

yes

6. Is the proposed use compatible with the purpose of the zoning code and with other existing uses within the general area in which the use is proposed to be located? Explain.

yes Gold Bar in my opinion should have a place for people to rest, eat, stay, and enjoy.

Please use additional sheets as needed to provide documentation for proposal.

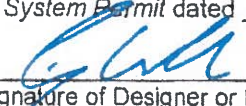
On-Site Sewage System (OSS) As-Built

Pretreatment Type: SF ATU _____ Other _____
Product Name

Dispersal Type: Gravity LPD SSD Mound SLB Other RV PARK

Property Tax Account #: 00534400100103		Lot #: 1	Sec: 08 Twp: 27 Rg: 09	
Permit #: PT0022705	# of Bedrooms: 0	Operating Capacity: 188 gal/day		Design Flow: 250 gal/day
Address of Property: 40709 SR 2			City: GOLD BAR	
Legal Description/Plat Name: O'DONNELL ACRE TRS PLAT			Check box if this is: <input type="checkbox"/> Repair <input type="checkbox"/> Revised As-Built for Construction Clearance	
Owner Name: RUSSELL HANEY		Email: RHANEY44@HOTMAIL.COM		
Address: PO BOX 716		City: GOLD BAR	State: WA	Zip: 98251
Designer Name: CRAIG WHALEN			Phone: 360-794-5506	
Address: P.O. BOX 262		City: MONROE	State: WA	Zip: 98272
Email: WHALENDESIGNS@HOTMAIL.COM				
Installer Name: SCHLEG VALLEY CONSTRUCTION			Phone: 360-722-4025	
Address: PO BOX 309		City: GOLD BAR	State: WA	Zip: 98251
Email: schlegvalleycon@yahoo.com				

I hereby certify the accompanying documentation is an accurate representation of the system installed at the above referenced property. I also certify all requirements listed on the approved *Application For An On-Site Sewage System Permit* dated 09/20/2023 have been complied with.


 _____ 5100378 _____ 09/20/2023
 Signature of Designer or PE License # Date

FOR HEALTH DISTRICT USE ONLY

ACCEPTED NOT ACCEPTED DATE 10/24/2023

Signature of Sanitarian  _____

Comments _____

ATTENTION HOME OWNER

It is the homeowner's responsibility to insure the on-site sewage system is properly operated and maintained, per the Rules and Regulations of the State Board of Health governing On-site Sewage Systems (WAC 246-272A).

Visit our website for more information: <https://www.snohd.org/157/Septic>



installed



**SNOHOMISH
HEALTH DISTRICT**
WWW.SNOHD.ORG

OSS As-Built System Specifications

Pretreatment Type: SF ATU Other _____
Product Name

Dispersal Type: Gravity LPD SSD Mound SLB Other RV PARK

Submit separate page for each pump component

Property Tax Account Number: 00534400100103		Lot Number: 1	
Permit Number: PT0022705	Sec: 08	Twp: 27	Rg: 09
Date Pressure Tested: 09/05/2023		Pressure tested using nominal voltage	

On-Site Sewage System Information				
Check and/or specify all that apply:				
Septic Tank Size	1750	gallons	Septic Tank Manufacturer / Model	CUZ CONCRETE H20
Pump Chamber Size	1000	gallons	Pump Chamber Manufacturer	CUZ CONCRETE H20
Pump Chamber	20	gal/inch	Pump Make / Model	
Tested Pump Capacity	40	GPM		
Dose Volume	20	gallons	Doses per Day	12
Drawdown per Dose Cycle	1	inches	Make / Model of Control Panel or Alarm	RHOMBUS TD1
Time Dosing	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, then: Time pump on 30SEC Time pump off 1HR59M	
Disinfection	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Type of Disinfection:	
Elapsed Time Meter	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Anti-Siphon Hole / Valve	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Outlet Baffle Screen / Pump Basket Filter	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
All Tanks Tested and Found Water Tight	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		

Drainfield and Dispersal Information				
Designer Verified Acceptable Sieve Analysis	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Gravelless Drainfield System	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Type:	
Satisfactory Pressure Test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Residual Head Squirt Height 30 inches	
Orifice Diameter	3/16	inches	Total # of Orifices	65
Orifice Spacing	24	inches	Orifice Orientation	12:00
Lateral Diameter	1.25	inches		
Drip Tubing Mfg.			Baseline Drip System Pressure	

Environmental Health Division

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

Rev031220rso

installed



OSS As-Built System Specifications

Pretreatment Type: SF ATU _____ Other _____
Product Name

Dispersal Type: Gravity LPD SSD Mound SLB Other HOLDING TANK

Submit separate page for each pump component

Property Tax Account Number: 00534400100103		Lot Number: 1	
Permit Number: PT0022706	Sec: 08	Twp: 27	Rg: 09
Date Pressure Tested: 09/05/2023		Pressure tested using nominal voltage	

On-Site Sewage System Information				
<i>Check and/or specify all that apply:</i>				
Septic Tank Size	1750	gallons	Septic Tank Manufacturer / Model	CUZ CONCRETE H20
Pump Chamber Size		gallons	Pump Chamber Manufacturer	
Pump Chamber		gal/inch	Pump Make / Model	
Tested Pump Capacity		GPM		
Dose Volume		gallons	Doses per Day	
Drawdown per Dose Cycle		inches	Make / Model of Control Panel or Alarm	
Time Dosing	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes, then: Time pump on _____ Time pump off _____	
Disinfection	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Type of Disinfection: _____	
Elapsed Time Meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Anti-Siphon Hole / Valve	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Outlet Baffle Screen / Pump Basket Filter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
All Tanks Tested and Found Water Tight	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		

Drainfield and Dispersal Information				
Designer Verified Acceptable Sieve Analysis	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Gravelless Drainfield System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type: _____	
Satisfactory Pressure Test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Residual Head Squirt Height _____ inches	
Orifice Diameter		inches	Total # of Orifices	
Orifice Spacing		inches	Orifice Orientation	
Lateral Diameter		inches		
Drip Tubing Mfg.			Baseline Drip System Pressure	

Environmental Health Division

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

Rev031220rso

installed



SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

On-Site Sewage System (OSS) As-Built

Pretreatment Type: SF ATU Other _____
Product Name

Dispersal Type: Gravity LPD SSD Mound SLB Other HOLDING TANK

Property Tax Account #:	00534400100103	Lot #:	1	Sec:	08	Twp:	27	Rg:	09																														
Permit #:	PT0022706	# of Bedrooms:	0	Operating Capacity:	800	gal/day	Design Flow:	28.57	gal/day																														
Address of Property:							40709 SR 2			City:	GOLD BAR																												
Legal Description/Plat Name:							O'DONNELL ACRE TRS PLAT			Check box if this is:																													
							<input type="checkbox"/> Repair		<input type="checkbox"/> Revised As-Built for Construction Clearance																														
Owner Name:					RUSSELL HANEY					Email:					RHANEY44@HOTMAIL.COM																								
Address:					PO BOX 716					City:					GOLD BAR					State:					WA					Zip:					98251				
Designer Name:					CRAIG WHALEN					Phone:					360-794-5506																								
Address:					P.O. BOX 262					City:					MONROE					State:					WA					Zip:					98272				
Email:											WHALENDDESIGNS@HOTMAIL.COM																												
Installer Name:					SCHLEG VALLEY CONSTRUCTION					Phone:					360-722-4025																								
Address:					PO BOX 309					City:					GOLD BAR					State:					WA					Zip:					98251				
Email:											schlegvalleycon@yahoo.com																												

I hereby certify the accompanying documentation is an accurate representation of the system installed at the above referenced property. I also certify all requirements listed on the approved Application For An On-Site Sewage System Permit dated 09/20/2023 have been complied with.

Signature of Designer or PE _____ License # 5100378 Date 09/20/2023

FOR HEALTH DISTRICT USE ONLY

ACCEPTED NOT ACCEPTED DATE 10/26/2023

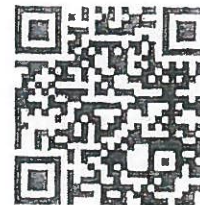
Signature of Sanitarian _____

Comments _____

ATTENTION HOME OWNER

It is the homeowner's responsibility to insure the on-site sewage system is properly operated and maintained, per the Rules and Regulations of the State Board of Health governing On-site Sewage Systems (WAC 246-272A).

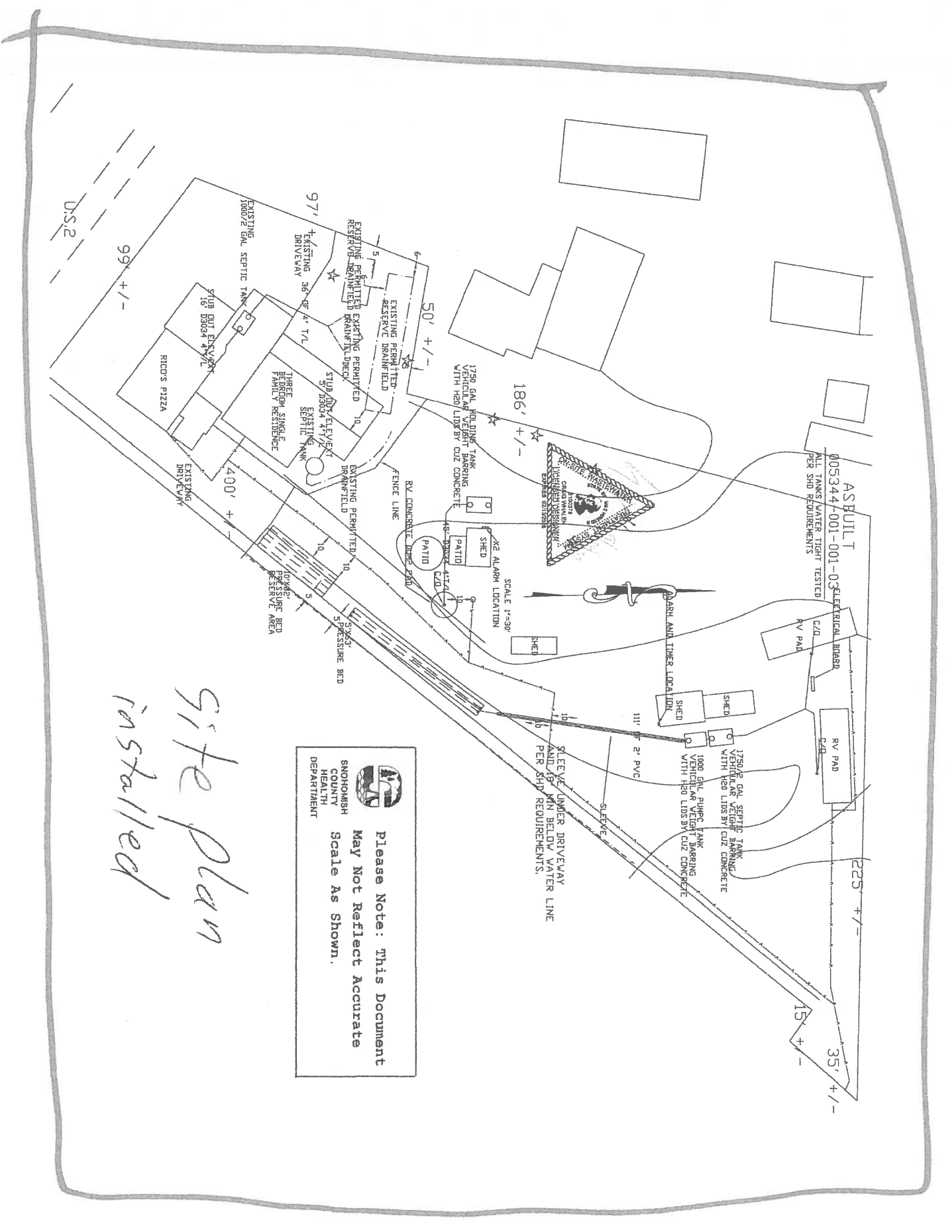
Visit our website for more information: <https://www.snohd.org/157/Septic>



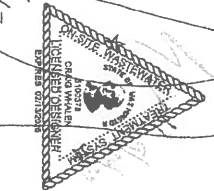
Environmental Health Division

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

Rev031220rso




AS BUILT
 005344-001-001-03-ELECTRICAL RISERS
 ALL TANKS WATER TIGHT TESTED
 PER SHD REQUIREMENTS



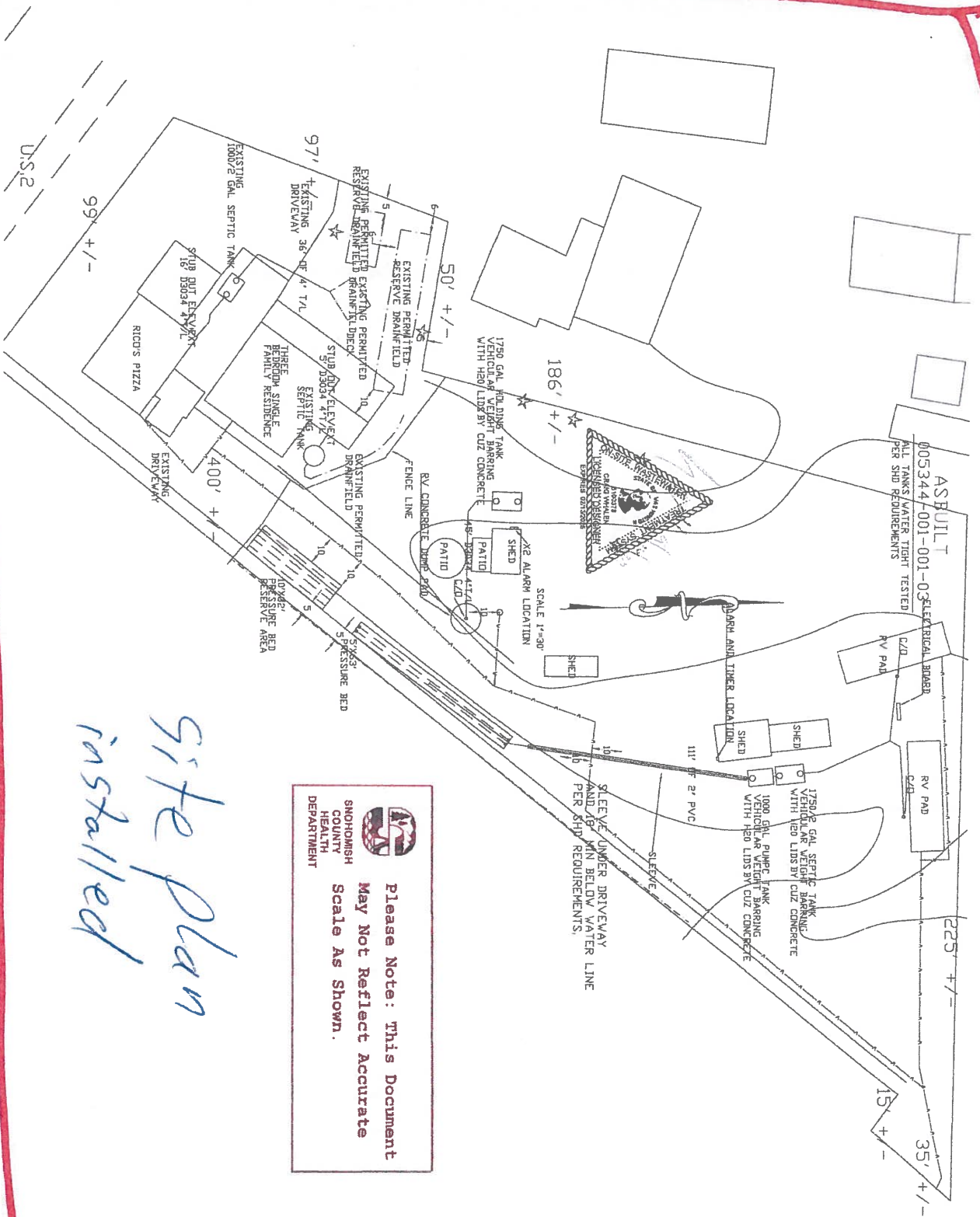
SCALE 1"=30'

Please Note: This Document
 May Not Reflect Accurate
 Scale As Shown.



SNOHOMISH
 COUNTY
 HEALTH
 DEPARTMENT

*Site Plan
 installed*



AS BUILT
005344-001-001-03-ELECTRICAL BOARD
ALL TANKS WATER TIGHT TESTED
PER SHD REQUIREMENTS

SCALE 1"=30'

*Site Plan
installed*

**Please Note: This Document
May Not Reflect Accurate
Scale As Shown.**

**SNOHOMISH
COUNTY
HEALTH
DEPARTMENT**

U.S.2