

119 West First Street  
 Cle Elum, WA 98922  
 Telephone · (509) 674-2262  
 Fax · (509) 674-4097  
 www.cityofcleelum.com



### VARIANCE APPLICATION

*The purpose of a variance is to provide relief to property owners where application of the Cle Elum Municipal Code may cause a hardship, due to unusual circumstances of the land. A variance may be granted to the density, dimension, height, setback, and development standards; provided, that all other provisions of the Municipal Code can be met. CEMC 14.30.190*

OFFICAL USE ONLY	
Permit #:	VAR-2025-001
Staff Person:	V. Amick
Fee Total:	\$1000.00
Related Permits:	PreAP-2024-005

Applicant	
Name:	Whole Health Pharmacy Cle Elum <sup>Clinton Knight</sup> Ryan Scheffelmaier
Mailing Address:	800 S. Pearl St. Ste 1, Ellensburg, Wa 98926
Email:	connect@wholehealth-rx.com
Phone Number:	509-925-6800
Property Owner	Same as applicant <input type="checkbox"/>
Name:	Hamilton Hudson LLC. <sup>Brian Schwartz</sup> Bryan Smith
Mailing Address:	5615 245th AVE NE, Redmond, Wa 98053
Email:	neyrb.smith@gmail.com
Phone Number:	Smith 206-355-3427 Schwartz 425-996-5268
Property Information	
Project Name:	Whole Health Pharmacy Cle Elum
Address:	200 E 1st Street, Cle Elum Wa 98922
Assessor's Parcel No.:	433335
Zoning:	Downtown Commercial
Description of project: See Attached Explanation & Images.	

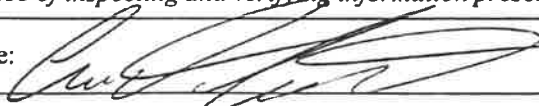
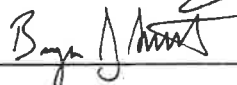
<b>Variances, CEMC 14.30.190</b>	
A variance may be granted to the density, dimension, height, setback, and development standards; provided, that all other provisions of the Municipal Code can be met.	
Under no circumstances shall the city grant a variance to allow a use not permissible under the terms of this title in the zoning district involved, or any use expressly or by implication prohibited in the zoning district by the terms of this title.	
Variances shall be processed in conjunction with associated permits and approvals. For example, a variance request submitted with a short plat application will be processed in accordance with the Type 2 review procedures, and a variance request submitted with a subdivision application will be processed in accordance with the Type 3 procedures.	
Variances may be approved by the city based on a finding that such variance will not be contrary to the public interest and the comprehensive plan or where literal enforcement of the provisions of this title would result in undue hardship. A variance shall not be granted unless the city further finds that the applicant has demonstrated all of the following: <i>(please provide detailed answers demonstrating need)</i> .	
1.	That special circumstances applicable to the subject property, including size, shape, topography, location, or surroundings, do exist; and  <i>See Attached</i>
2.	That because of such special circumstances, strict application of this title would deprive the subject property of rights and privileges enjoyed by other properties in the vicinity under identical zoning district classification; and  <i>See Attached</i>
3.	That the granting of the variance will not be materially detrimental to the public health, safety, and welfare or injurious to the property or improvements in the vicinity and zoning district classification in which the property is situated; and  <i>See Attached</i>
4.	That the special circumstances do not result from the actions of the applicant; and  <i>See Attached</i>

5.	That the granting of a variance will be in harmony with the general purpose and intent of this title, the specific zoning district, and the city comprehensive plan. <i>See Attached</i>
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**Variance Application Requirements<sup>1</sup>**

1.	Site plan indicating location of property boundaries, all structures and dimensions, proposed improvements, existing access locations and dimensions, site improvements, adjacent public streets and driveway, the specific location of the variance and any features of the property that are present that cause the need for the variance.
2.	A map indicating the subject property and boundaries.
3.	If the applicant is not the legal owner a signed authorization from the legal owner is required. <sup>2</sup>
4.	Written narrative describing the project, and how the proposed variance complies with the decision criteria listed above.
5.	Payment of a fee that is consistent with the City of Cle Elum's fee schedule.

1. The application will not be processed and deemed complete unless all required criteria is attached to application on the day of submission. The Planner may choose to waive some of the requirements. If any of the required criteria is provided in another permit please cite that permit.
2. The owner can sign under the authorization section of this application or send the City Planner a signed letter.

<b>Authorization</b>	
<p><i>The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient for denial of the request.</i></p> <p><i>This application gives consent to the City to enter the properties listed above for the purposes of inspecting and verifying information presented in this application. The applicant further agrees to pay all fees specified in the City's fee schedule for the permit and expenses associated with the review of the application. The applicant gives consent to the City to enter the property(s) listed above for the purpose of inspecting and verifying information presented in this application.</i></p>	
Applicant Signature: 	Date: 1/2/25
Owner Signature: 	Date: 1/3/25



City of Cle Elum  
 119 West First Street  
 Cle Elum, WA. 98922  
 509-674-2262

Whole Health Pharmacy  
 800 S. Pearl St. Suite 1  
 Ellensburg, WA 98926

Account Information			
Cust #:	3341	Due:	02/05/2025
Date:	01/06/2025	Terms:	Net 30
Invoice #:	8139	For:	Planning And Development

Item	Taxed	Quantity	Amount	Total
Planning And Development	N	1.0000	1,000.00	1,000.00

Invoice for Variance Permit Application, Permit # VAR-2025-001 NOTE:  
 Additional Review fees may be invoiced at a later date.

Non Taxed:	1,000.00
Taxed:	0.00
Tax @ 6.00%:	0.00
Payments:	0.00
<b>Total:</b>	<b>1,000.00</b>

THANK YOU!



**City of Cle Elum**  
119 W First St.  
Cle Elum, WA 98922  
(509) 874-2262  
www.cityofcleelum.com

**XBP Confirmation Number: 219672398**

▶ Transaction detail for payment to City of Cle Elum.		Date: 01/08/2025 - 10:25:04 AM MT	
<b>Transaction Number: 233950354</b> <b>Visa — XXXX-XXXX-XXXX-2752</b> <b>Status: Successful</b>			
Account #	Item	Quantity	Item Amount
	Planning and Development Fees	1	\$1000.00
Notes: Fee for Variance Application, Permit # VAR-2025-001 NOTE: Additional Review Fees May Be Invoiced At A Later Date.			

**TOTAL: \$1000.00**

**Billing Information**  
Bryan Smith  
5615 245th Ave NE  
Redmond, WA 98053

**Transaction taken by: Admin Virgil**

Receipt: 17797                      01/08/2025  
Acct #:     3341  
City Of Cle Elum  
119 W First Street  
Cle Elum, WA 98922  
5096742262

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Whole Health Pharmacy  
800 S. Pearl St. Suite 1  
Ellensburg, WA 98926

Invoice Payment

Memo: Fee for Variance Application

Paid By Bryan Smith. NOTE:

ADDITIONAL REVIEW FEES MAY  
BE INVOICED AT A LATER DATE.

Inv#:     8139    Amt Paid:     1,000.00

Invoice for Variance Permit Application,  
Permit # VAR-2025-001 NOTE:

Additional Review fees may be invoiced  
at a later date.

Non Taxed Amt:	<u>1,000.00</u>
Total:	1,000.00
CC:    Xpress	<u>1,000.00</u>
Ttl Tendered:	1,000.00
Change:	0.00

Issued By:    Virgil Amick1  
                  01/08/2025 09:29:01