



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

"Building Partnerships – Building Communities"

ADMINISTRATIVE PARCEL SEGREGATION

(Segregation of lots 20 acres or larger, as defined by KCC 16.08.015)

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

Note: a separate application must be filed for each segregation request.

- Unified Site Plan of existing lot lines and proposed lot lines with distances of all existing structures, access points, well heads and septic drainfields.
- Signatures of all property owners.
- A narrative project description with at minimum the following information: project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
 - o Please pick up a copy of the SEPA Checklist if required)
- For **preliminary approval**, please submit a sketch containing the following elements.
 1. Identify the boundary of the segregation:
 - a. The boundary lines and dimensions
 - b. Sub-Parcel identification (i.e. Parcels A, B, C or Lots 1, 2, 3, etc.)
 2. Show all existing buildings, well heads and drain fields and indicate their distances from the original exterior property lines AND from the proposed property lines. If you have a copy of an original survey, please attach. A new survey will not be needed until preliminary approval has been granted.
 3. Provide legal descriptions for each proposed tax parcel and identify by letter or number use on the map. Example: Parcel
 4. A – The North 75 feet of the West 400 feet of the Southwest quarter of the Southwest quarter of the Southwest quarter of Section 02; Township 20 North; Range 16 East; W.M.; Except the West 30 feet thereof for roads.
- For **final approval** (not required for initial application): submit a recorded survey with legal description.

APPLICATION FEES:

630.00 Kittitas County Community Development Services (KCCDS)

115.00 Kittitas County Department of Public Works

130.00 Kittitas County Fire Marshal

\$875.00 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):	DATE:	RECEIPT #	
			DATE STAMP IN BOX

OPTIONAL ATTACHMENTS

- An original survey of the current lot lines. (Please do not submit a new survey of the proposed adjusted or new parcels until after preliminary approval has been issued.)
- Assessor COMPAS Information about the parcels.

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. Property size: _____ (acres)

7. Land Use Information: Zoning: _____ Comp Plan Land Use Designation: _____

8. Existing and Proposed Lot Information:

Original Parcel Number & Acreage
(1 parcel number per application)

New Acreage (1 parcel per line)
(Survey Vol. ____, Pg ____)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPLICANT IS: ___ OWNER ___ PURCHASER ___ LESSEE ___ OTHER

AUTHORIZATION

9. 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:

Signature of Land Owner of Record

(REQUIRED if indicated on application)

(Required for application submittal):

X _____ (date) _____

X _____ (date) _____

THIS FORM MUST BE SIGNED BY COMMUNITY DEVELOPMENT SERVICES AND THE TREASURER’S OFFICE PRIOR TO SUBMITTAL TO THE ASSESSOR’S OFFICE.

TREASURER’S OFFICE REVIEW

Tax Status: _____ By: _____ Date: _____

COMMUNITY DEVELOPMENT SERVICES REVIEW

() This Administrative Segregation meets the requirements of Kittitas County Code (Ch. 16.08.015).

Deed Recording Vol. ____ Page ____ Date _____

Card #: _____

Parcel Creation Date: _____

Last Split Date: _____

Current Zoning District: _____

Preliminary Approval Date: _____

By: _____

Final Approval Date: _____

By: _____