

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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


CDS@CO.KITTITAS.WA.US

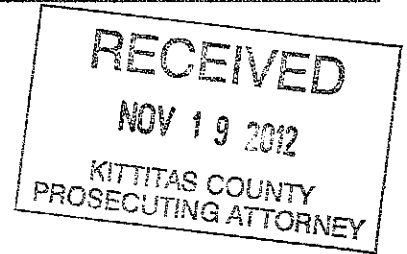
Office (509) 962-7506

Fax (509) 962-7682

"Building Partnerships – Building Communities"

MEMORANDUM

To: Neil Caulkins, DPA
From: Kirk Holmes, DPW 
Date: November 19, 2012
Subject: Cindi Samuelson Claim

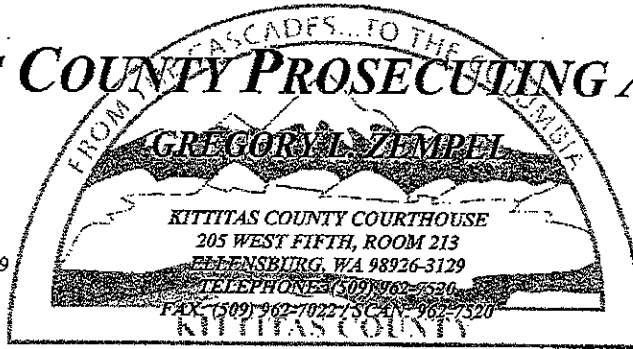


This memo serves as a response to your letter dated November 16, 2012 regarding our departments review of the subject claim. The claim relates to an allegation of the over-charging of building permits.

Due to a lack of information or documentation provided for review in the claim, specifically an amount allegedly overcharged, we are unable to respond to this claim. Therefore we recommend a DENIAL of payment of this claim.

KITTITAS COUNTY PROSECUTING ATTORNEY

FAMILY SUPPORT DIVISION
205 WEST FIFTH, ROOM 213
ELLENSBURG, WA 98926-3129
TELEPHONE: (509) 962-7521
FAX: (509) 962-7022



CIVIL DIVISION
205 WEST FIFTH, ROOM 213
ELLENSBURG, WA 98926-3129
TELEPHONE: (509) 962-7664
FAX: (509) 962-7060

November 16, 2012

Kirk Holmes/Doc Hansen
Kittitas County Community Development
411 N. Ruby Street, #4
Ellensburg WA 98926

Re: Claim of Cindi Samuelson

Greetings:

We have received the documentation on the above listed claim as filed with the Auditor's office. If by chance, you did not receive this information, we have attached a copy for you. It appears that this claim relates to an incident involving your department. Please give us your input on the claim, what happened, and any records that you have relative to safety precautions.

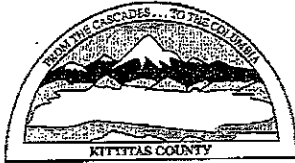
If you have any questions, please give us a call.

Sincerely,

NEIL A. CAULKINS
Deputy Prosecuting Attorney

Enclosure as noted

CC: BOCC
Washington Counties Risk Pool



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

October 29, 2007

Cindi Samuelson
1109 E Dairy Lane
Ellensburg, WA 98926

RE: Application #07-9995

Dear Ms. Samuelson,

Please be advised that the above referenced building permit application has been reviewed and is ready for permit issuance. However, before this building permit may be purchased you will need to obtain the following item:

1. Agent/Contractor license number.
2. Locator map showing directions to building site from nearest major intersection or highway.

The balance of the permit fees due for the building permit is \$3062.63. Upon receipt of payment and the aforementioned item, your permit will be issued and approved plans released. If your permit has not been paid for within 180 days from the date of this letter, then your application will expire and your deposit will be forfeited.

If you have any questions, please call our office at (509) 962-7506.

Sincerely,
KITITITAS COUNTY
COMMUNITY DEVELOPMENT SERVICES

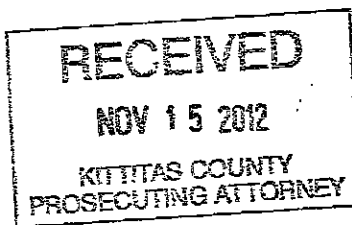
Cc: Town & Country Homes

DARRYL PIERCY, DIRECTOR

ALLISON KIMBALL, ASSISTANT DIRECTOR

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

PROSECUTOR 62
COMMISSIONERS JK
DEPARTMENT 114 K14
INSURANCE XP



KITTITAS COUNTY CLAIM FOR DAMAGES

Return to:

County Auditor
205 W 5th Ave, Suite 105
Ellensburg, WA 98926
509-962-7504

10/30/2012 12:25:24 PM
\$0.00
Claims Against County/r/s/miso
Kittitas County Auditor

201210300010
Page 1 of 5
K CO PROSEC



Instructions:

Please read the entire form before completion. Fill out each question as completely as possible, to the best of your ability. Do not hesitate to use the back side of this form if you need more than the space provided. An incomplete response may delay the processing of your claim.

1. Name (Including spouse, if married):

Cindi Samuelson

2. Phone (Home): (899-0232) (Work): (899-0232)

3. Address (include former address if at present address for less than 6 months):

1109 E. Dairy Lane Ellensburg WA 98926

Physical

Same

Mailing

4. Date of Birth: 11/4/55

5. Date and Time of Incident:

10/29/2007

6. Location of Incident:

Building Permit Application #07-9995
Building Permit # (BP 08-00267) Fee Pd. \$3,062.63
(SEE ATTACHED)

7. Describe in detail the defect which caused the injury:

N/A

8. Describe in narrative form and in detail exactly how the incident occurred:

9. List the names of all persons involved and contact information, if known.

N/A

10. Was claim investigated by a police officer? No

Sheriff _____ State Patrol _____ City Police _____

11. Description of claimant's vehicle: _____ Make _____ Year _____

Model: _____ License No. _____

12. Describe what you did after the accident occurred:

N/A

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred:

N/A

14. Describe the damages or injuries which you sustained as a result of the incident:

Amount over charged for permit
SEE ATTACHED

15. What is the amount of damages claimed? (Include estimates and bills, if available):

SEE ATTACHED

16. How did you identify the County as the party responsible for your damage?

Over charge for Building Permit.
SEE ATTACHED

17. List the names and addresses of all witnesses to the incident:

N/A

18. Are you covered by insurance? If yes, who is your insurance agent/carrier?

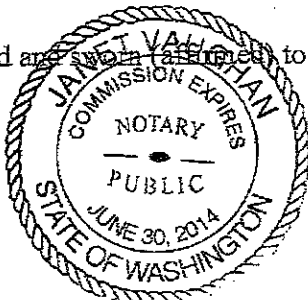
N/A

Dated this 30 Day of October, 2012

[Signature]
Signature of Claimant

Subscribed and sworn (affirmed) to before me this 30 day of October, 2012.

Seal



[Signature]
Notary Public in and for the State of Washington
Residing at Ellensburg
June 30 2014



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 NORTH RUBY STREET SUITE #2 ■ ELLENSBURG, WA 98926
PHONE (509) 962-7506 ■ FAX (509) 962-7682

B-012

BULLETIN

PERMIT EXTENSION FORM

00-10-60061

FOR MORE INFORMATION VISIT THE CDS WEBSITE AT: WWW.CO.KITTITAS.WA.US/CDS

SITE ADDRESS: 432 Meadowbrook	PERMIT NUMBER: BP 08-00267
PARCEL NUMBER: 18-19-300060-0017	
OWNER'S NAME: Cindi Samuelson	PHONE: 509-925-3303
MAILING ADDRESS: 1109 E. Dairy Lane	EMAIL: cindi@elltel.net
CONTRACTOR NAME: Town and Country Homes	PHONE: 509-962-6666
MAILING ADDRESS: P.O Box 1359	EMAIL:

REASON FOR PERMIT EXTENSION REQUEST: (attach additional sheets if necessary)	
Describe need for extension: I have had to delay building due to economic conditions.	RECEIVED APR 19 2010 KITTITAS COUNTY CDS
PRINT NAME: Cindi Samuelson	DATE: 4-12-2010
OWNER/AGENT SIGNATURE: <i>Cindi Samuelson</i>	

FOR OFFICE USE ONLY:	
REVIEWER NAME: <i>Shirley N. B.</i>	DATE: 04-19-10
EXTENSION GRANTED (YES or NO): * See notes	FEE: 200 ⁰⁰
Describe reason for extension approval or denial: Economy - This is last extension - County due to 2009 code change construction w/valid inspection must commence before April 19, 2011	PAID STAMP: PAID APR 19 2010 KITTITAS CO. CDS
Extension Valid To: April 19, 2011	

WASHINGTON COUNTIES RISK POOL

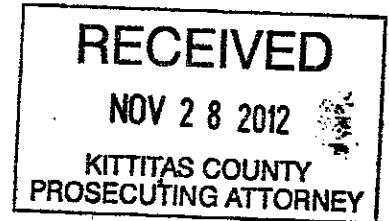
2558 R.W. Johnson Road SW, Suite 106
Tumwater, Washington 98512-6103

Created by Counties for Counties



11/26/2012

Mr. Neil A. Caulkins
Deputy Prosecuting Attorney
Kittitas County
205 West 5th, Room 213
Ellensburg, WA 98926-3129



RE: Cindi Samuelson

Claim No: 201210300010

Dear Neil:

This letter will acknowledge receipt of the above named claim. A review of the claim indicates the claimant is seeking a refund for an overcharge on their building permit fees.

The Joint Self-Insurance Policy provides coverage for all sums of monetary damage which an insured shall become legally obligated to pay by reason of liability imposed by the law for bodily injury, property damage, error and omissions and advertising injury. However, Section 5.I excludes:

Revenue Refunds. Refund of taxes, fees or assessments.

Since this matter is not covered by the insuring agreement and is specifically excluded, the Risk Pool hereby disclaims coverage.

Pursuant to Article 8 of the Risk Pool's Bylaws, if the County believes that the Risk Pool should provide coverage for this matter, the County must serve a written Notice of Appeal upon the Pool's Executive Director within thirty (30) days of the mailing of this written determination disclaiming coverage.

If you have any questions, please call me at 360-292-4481.

Sincerely,

Susan Looker, AIC
Claims Manager

cc: Lisa Young, Risk Manager