

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: CLE ELUM CHRISTIAN & MISSIONARY ALLIANCE CHURCH
Mailing Address: PO BOX 440
City/State/ZIP: SOUTH CLE ELUM WA 98943
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: THUNDER MOUNTAIN, LLC
Mailing Address: PO BOX 750
City/State/ZIP: ROSLYN WA 98941
Day Time Phone: 509-304-4345
Email Address: WENDIEKELLY@HOTMAIL.COM

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: 90 SHAFT STREET
City/State/ZIP: ROSLYN WA 98941

5. Legal description of property (attach additional sheets as necessary):

LOT 2 OF THE CRYSTAL CREEK DIV. II SHORT PLAT, SP-04-48, BOOK H OF SHORT PLATS, PAGES 162 & 163

6. Tax parcel number: 949587

7. Property size: 1.44 ACRES (acres)

8. Land Use Information:

Zoning: RURAL 5 Comp Plan Land Use Designation: RURAL RESIDENTIAL

9. Proposed Water System (as defined by KCC 13.03) NOTE: Show location of water system on site plan.

Group A Group B Individual Shared Cistern Other: MUNICIPAL