

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: Dorothy Anderson

Mailing Address: 3401 Sorenson Road

City/State/ZIP: Ellensburg, WA 98926

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: Carolyn Hayes

Mailing Address: 7021 Badger Pocket Road

City/State/ZIP: Ellensburg, WA 98926

Day Time Phone: 509-968-4956

Email Address: _____

3. Name, mailing address and day phone of other contact person

If different than land owner or authorized agent.

Name: Eugene Nassen

Mailing Address: 871 Kaynor Road

City/State/ZIP: Ellensburg, WA 98926

Day Time Phone: 509-929-4207

Email Address: _____

4. Street address of property:

Address: 3401 Sorenson Road

City/State/ZIP: Ellensburg, WA 98926

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

SW 1/4 Sec. 24 T. 17 N., R.19 E., W.M., Kittitas County, WA EXCEPT A.F.N. 201009150019 and EXCEPT TOWN DITCH RW

6. Property size: Assessed 158.67 Surveyed 166.69 (acres)

7. Land Use Information: Zoning: Commercial Ag. Comp Plan Land Use Designation: Commercial Ag.

8. Existing and Proposed Lot Information:

Original Parcel Number & Acreage
(1 parcel number per application)
760133 (17-19-24000-0015)

New Acreage (1 parcel per line)
(Survey Vol. ____, Pg ____)
122.93 Ac. , 26.06 Ac., 8.85 Ac

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 Carolyn D. Hayes (date) 11-02-2011

X [Signature] (date) 11-02-2011
[Signature]

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: _____

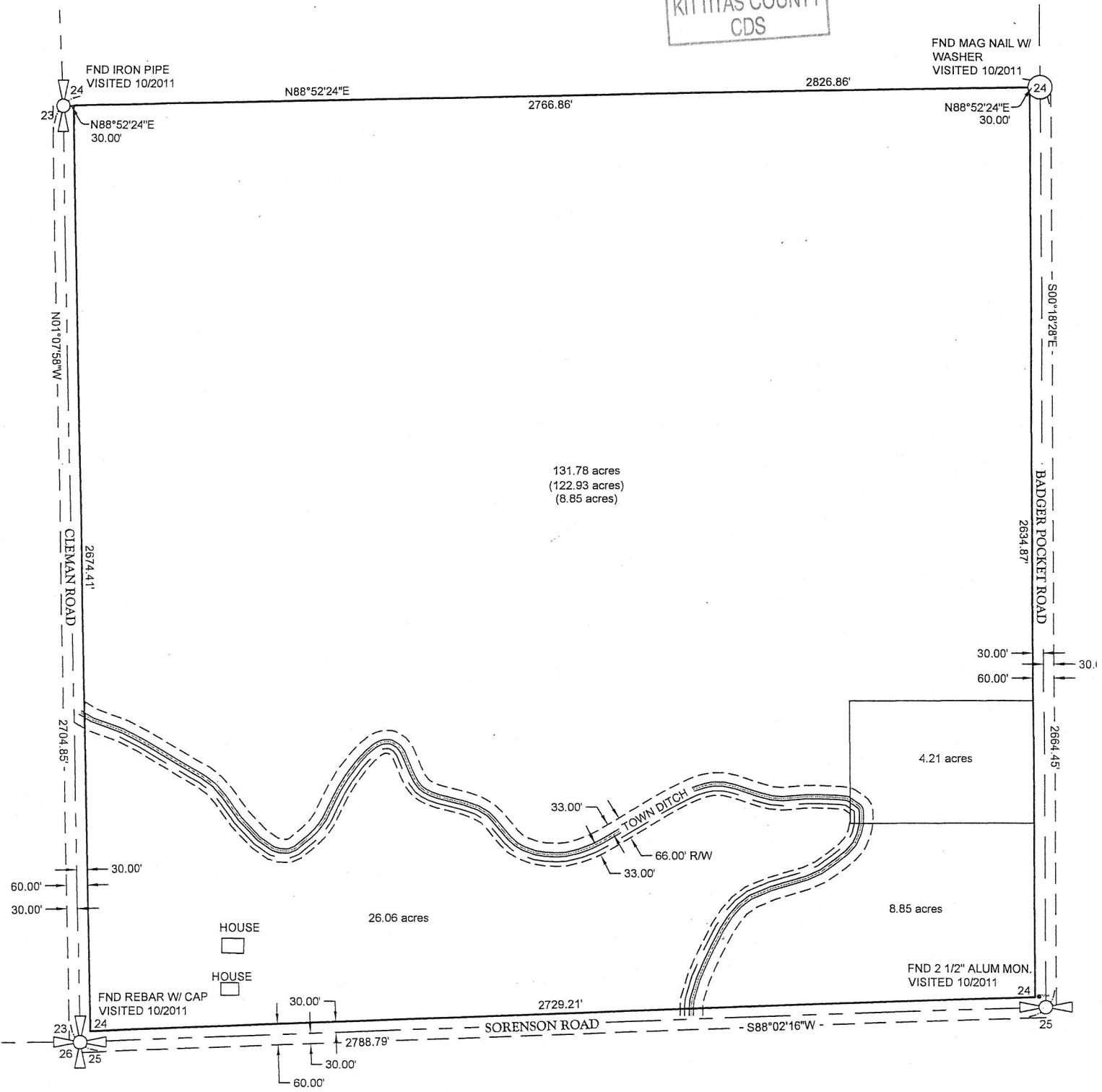
Preliminary Approval Date: _____

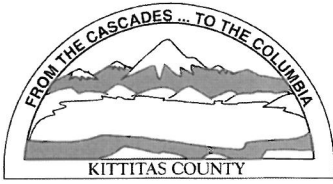
By: _____

Final Approval Date: _____

By: _____

RECEIVED
 NOV 07 2011
 KITTITAS COUNTY
 CDS





KITITAS COUNTY PERMIT CENTER
411 N. RUBY STREET, ELLENSBURG, WA 98926

RECEIPT NO.: 00012913

COMMUNITY DEVELOPMENT SERVICES
(509) 962-7506

PUBLIC HEALTH DEPARTMENT
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS
(509) 962-7523

Account name: 024888

Date: 11/3/2011

Applicant: ANDERSON, DOROTHY

Type: check # 2511

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
SG-11-00006	ADMINISTRATIVE SEGREGATION	630.00
SG-11-00006	FM ADMINISTRATIVE SEGREGATION	130.00
SG-11-00006	PUBLIC WORKS ADMIN SEG	115.00
	Total:	875.00