

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

BS-09-00002

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506 Fax (509) 962-7682

LONG PLAT APPLICATION

(To divide lot into 5 or more lots)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO KCC 15A.03.030, 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
 Ten large copies of plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5" x 11" copy Address list of all landowners within 500 feet of the subject parcel(s). If adjoining parcels are owned by the applicant, then the 500 foot area shall extend from the farthest parcel. If the parcel is within a subdivision with a Homeowners' or Road Association, then please include the mailing address of the association. SEPA Checklist (Only required if your subdivision consists of 9 lots or more. Please pick up a copy of the Checklist if required)
OPTIONAL ATTACHMENTS
(Optional at preliminary submittal, but required at the time of final submittal)

☐ Certificate of Title (Title Report)
☐ Computer lot closures

FEES: \$7925

\$2000 for Community Development Services Department, PLUS \$400 if SEPA Checklist is required

*One check made payable to KCCDS

	FOR STAFF USE ONLY		DECEIVED
APPLICATION RECEIVED BY: (CDS STAFF SIGNATURE) X WWW WELL NOTES:	DATE: 4/30/09	RECEIPT# 000041045	APR 30 2009 Kitting County CDS

	1.	Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form.				
		Name:	Bob Venera			
		Mailing Address:	2503 Moe Road			
		City/State/ZIP:	Ellensburg, WA 98926			
		Day Time Phone:	607-2200			
		Email Address:				
	2. Name, mailing address and day phone of authorized agent (if different from land owner of record): If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.					
		Agent Name:	Chris Cruse			
		Mailing Address:	P.O. Box 959			
		City/State/ZIP:	Ellensburg, WA 98926			
		Day Time Phone:	962-8242			
		Email Address;				
3.		Street address of propert	ty:			
		Address:	No. 6 Rd.			
		City/State/ZIP:	Ellensburg, WA 98926			
4.		Legal description of property: Parcel E2 in Book 21 of Surveys at Pages 208-210				
5.		Tax parcel number(s): 17-19-30040-0003				
6.		Property size: 30.32	(acres)			
7.		location, water supply, se	potion: Please include the following information in your description: describe project size, wage disposal and all qualitative features of the proposal; include every element of the (be specific, attach additional sheets as necessary):			
		10 lot binding site pl	an with individual wells and septic systems. Existing driveway at			

the north end of the property currently serves access to others. See application map

for additional information.

8.	Are Forest Service roads/easements involved with act If yes, explain:	ccessing your development? Yes Vo (Circle)				
9.	What County maintained road(s) will the developme	ent be accessing from? No. 6 Road				
10.	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 mailed to the Land Owner of Record and copies sent to the authorized agent.					
X /	re of Authorized Agent: IRED if indicated on application)	Date: 4/30/2009				
	re of Land Owner of Record sed for application submittal): Self Ven Ca	Date: 4/30/2009				