

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"

BOUNDARY LINE ADJUSTMENT

(Adjustment of lot lines resulting in no new lots, as defined by KCC 16.08.055)

NOTE: If this Boundary Line Adjustment is between multiple property owners, seek legal advice for conveyance of property. This form does not legally convey property.

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

| REQUIRED ATTACHMENTS | | | | | |
|--|--|--|--|--|--|
| Note: a separate application must be filed for each boundary line adjustment 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. Narrative project description (include as attachment): Please include at minimum the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description. 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 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): Legal descriptions of the proposed lots, or a recorded survey. | | | | | |
| \$225.00 Kittitas County Community Development Services (KCCDS) \$90.00 Kittitas County Department of Public Works \$65.00 Kittitas County Fire Marshal \$205.00 Kittitas County Public Health Department Environmental Health \$585.00 Total fees due for this application (One check made payable to KCCDS) | | | | | |
| FOR STAFF USE ONLY | | | | | |
| Application Received By (CDS Staff Signature): DAWE: RECEIPT# | | | | | |
| The state of the s | | | | | |

| | OPTIONAL ATTACHMENTS An original survey of the current lot lines. (Please do not submit a new survey of the proposed adjusted of parcels until after preliminary approval has been issued.) Assessor COMPAS Information about the parcels. | | | proposed adjusted or new | |
|----|--|---|---------------------------------|---|--|
| | | | 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: | MATT COE MICHAEL BRADY | , | |
| | | Mailing Address: | 2111 E 3RD AVE 800 LARIAT LANE | - | |
| | | City/State/ZIP: ELLENSBURG, WA 98926 | | ** | |
| | | Day Time Phone: | 509-929-1386 | | |
| | | 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 | | | lowner of record: 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: | DAVID P. NELSON | | |
| |] | Mailing Address: | 108 E. 2ND STREET | | |
| | 9 | City/State/ZIP: | CLE ELUM, WA 98922 | | |
| | J | Day Time Phone: | 509-925-4747 | | |
| | I | Email Address: | dpnelson@encompasses.net | | |
| 4. | 5 | Street address of proper | | | |
| | F | Address: | 800 LARIAT LANE | | |
| | C | City/State/ZIP: | ELLENSBURG, WA 98926 | | |
| 5. | I L F | Legal description of property (attach additional sheets as necessary): LOT 2, COE LARGE LOT SUBDIVISION 08-01 PARCEL 1, BOOK 34 OF SURVEYS- PAGES 42 AND 43 | | | |
| 6. | P | Property size: 33.29 ACRES AND 8.00 ACRES (acres) | | | |
| 7. | | Land Use Information: Zoning: AG 20 Comp Plan Land Use Designation: DI IDAI | | | |

| δ. | Existing and Proposed Lot Information | | | |
|-----------------|---|--|--|--|
| | Original Parcel Number(s) & Acreage (1 parcel number per line) | New Acreage (Survey Vol, Pg) | | |
| | 18-19-08050-0002 (956840) 33.29A | 20.29 Across 21 29 A. 153 | | |
| | 18 · 19 - 02 040 - 0408 (584234) 8.00 A | 10 20.00 ACRES 20.00 ACRES 08/08/201 | | |
| | | | | |
| | APPLICANT IS: OWNER PURCHAS | SERLESSEEOTHER | | |
| 9. | Application is hereby made for permit(s) to authori with the information contained in this application information is true, complete, and accurate. I for | RIZATION ize the activities described herein. I certify that I am familiar on, and that to the best of my knowledge and belief such outther certify that I possess the authority to undertake the less to which this application is made, the right to enter the and or completed work. | | |
| <u>All</u> | approval for a boundary Line Adjustme | able site, legal access, available water or septic areas, for ent. The Land Owner of Record and copies sent to the authorized | | |
| Signatu | re of Authorized Agent: | Signature of Land Owner of Record | | |
| (REQU | IRED if indicated on application) | (Required for application submittal); | | |
| x | (date) | X Mila Sala (date) 5-9. | | |
| THISE | OPM MIST BE SIGNED BY COLORS | MA Ove 5-8-13 | | |
| <u> 21115 F</u> | PRIOR TO SUBMITTAL TO T | LOPMENT SERVICES AND THE TREASURER'S OFFICE THE ASSESSOR'S OFFICE | | |
| | TREASURER'S C | | | |
| Tax Stat | us: By: | Date: | | |
| () | COMMUNITY DEVELOPME This BLA meets the requirements of Kittitas County | ENT SERVICES REVIEW Code (Ch. 16.08.055). | | |
| | Deed Recording Vol Page Date | **Survey Required: Yes No | | |
| Car | | Parcel Creation Date: | | |
| | | Current Zoning District: | | |
| Preli | minary Approval Date: | Ву: | | |
| Fina | Approval Date: | Ву: | | |