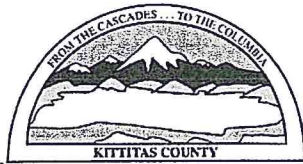


RECEIVED

NOV 05 2013



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

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 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.

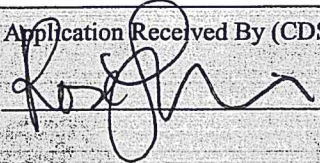
APPLICATION FEES:

- \$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

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- \$585.00 Total fees due for this application (One check made payable to KCCDS)**

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): 	DATE: 11/9/13	RECEIPT # 191285	<div style="border: 2px solid red; padding: 5px;"> <p style="font-size: 2em; color: red; margin: 0;">PAID</p> <p style="color: red; margin: 5px 0;">NOV 05 2013</p> <p style="color: red; margin: 5px 0;">KITTITAS CO.</p> <p style="color: red; margin: 5px 0;">CDS</p> <p style="font-size: 0.8em; margin: 0;">DATE STAMP IN BOX</p> </div>

**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: JOHN SMITH  
Mailing Address: 3600 UMPTANUM RD.  
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: CRUSE & ASSOC.  
Mailing Address: PO BOX 959  
City/State/ZIP: ELLENSBURG, WA 98926  
Day Time Phone: 509 962 8242  
Email Address: cruseandassoc@kvalley.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: 3600 UMPTANUM RD.  
City/State/ZIP: ELLENSBURG, WA 98926

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

PART OF SE 4 15-17-18

6. **Property size:** 75.95 (acres)

7. **Land Use Information:** Zoning: AG 20 Comp Plan Land Use Designation: RURAL WORKING

8. Existing and Proposed Lot Information

Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol. ____, Pg ____)
<u>17-18-15040-0007 3AC</u>	<u>3AC</u>
<u>17-18-15010-0010 1.85</u>	<u>72.95 AC</u>
<u>17-18-15040-0001 71.10</u>	

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.

**NOTICE: Kittitas County does not guarantee a buildable site, legal access, available water or septic areas, for parcel receiving approval for a Boundary Line Adjustment.**

**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 Charles A. Cuddy (date) 11-5-13

X [Signature] (date) 11-5-13

**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 BLA meets the requirements of Kittitas County Code (Ch. 16.08.055).

Deed Recording Vol. \_\_\_\_\_ Page \_\_\_\_\_ Date \_\_\_\_\_ \*\*Survey Required: Yes \_\_\_ No \_\_\_

Card #: \_\_\_\_\_

Parcel Creation Date: \_\_\_\_\_

Last Split Date: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

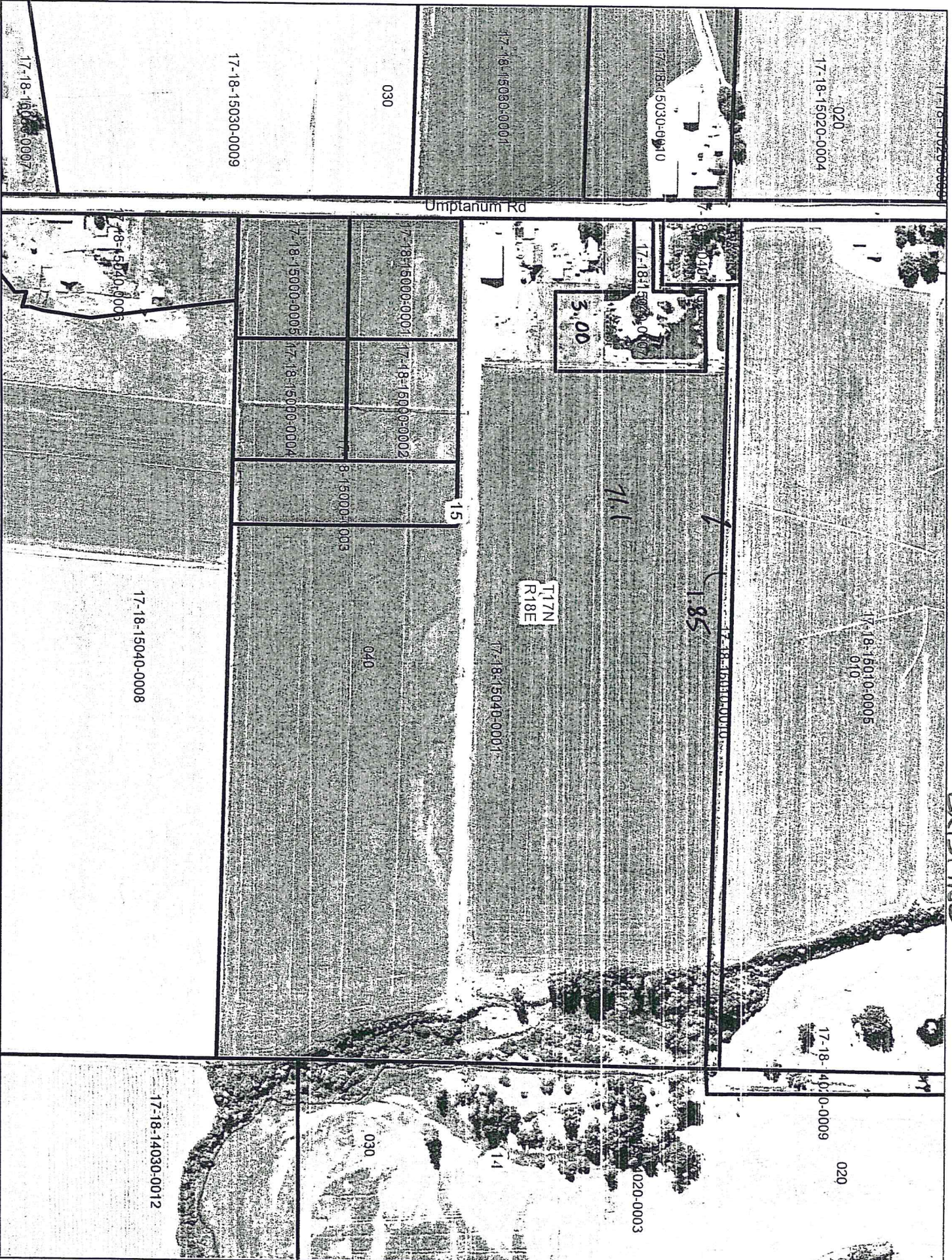
Preliminary Approval Date: \_\_\_\_\_

By: \_\_\_\_\_

Final Approval Date: \_\_\_\_\_

By: \_\_\_\_\_

EXISTING



17-18-15020-0004  
020

17-18-15030-0010

17-18-15030-0001

030

17-18-15030-0009

17-18-15030-0007

Umptanum Rd

17-18-15010-0005  
010

185

111

3.00

T17N  
R18E

17-18-15040-0001

15

17-18-15000-0001

17-18-15000-0002

18-15000-0003

040

17-18-15000-0005

17-18-15000-0004

17-18-15040-0008

18-15040-0005

17-18-14010-0009

020

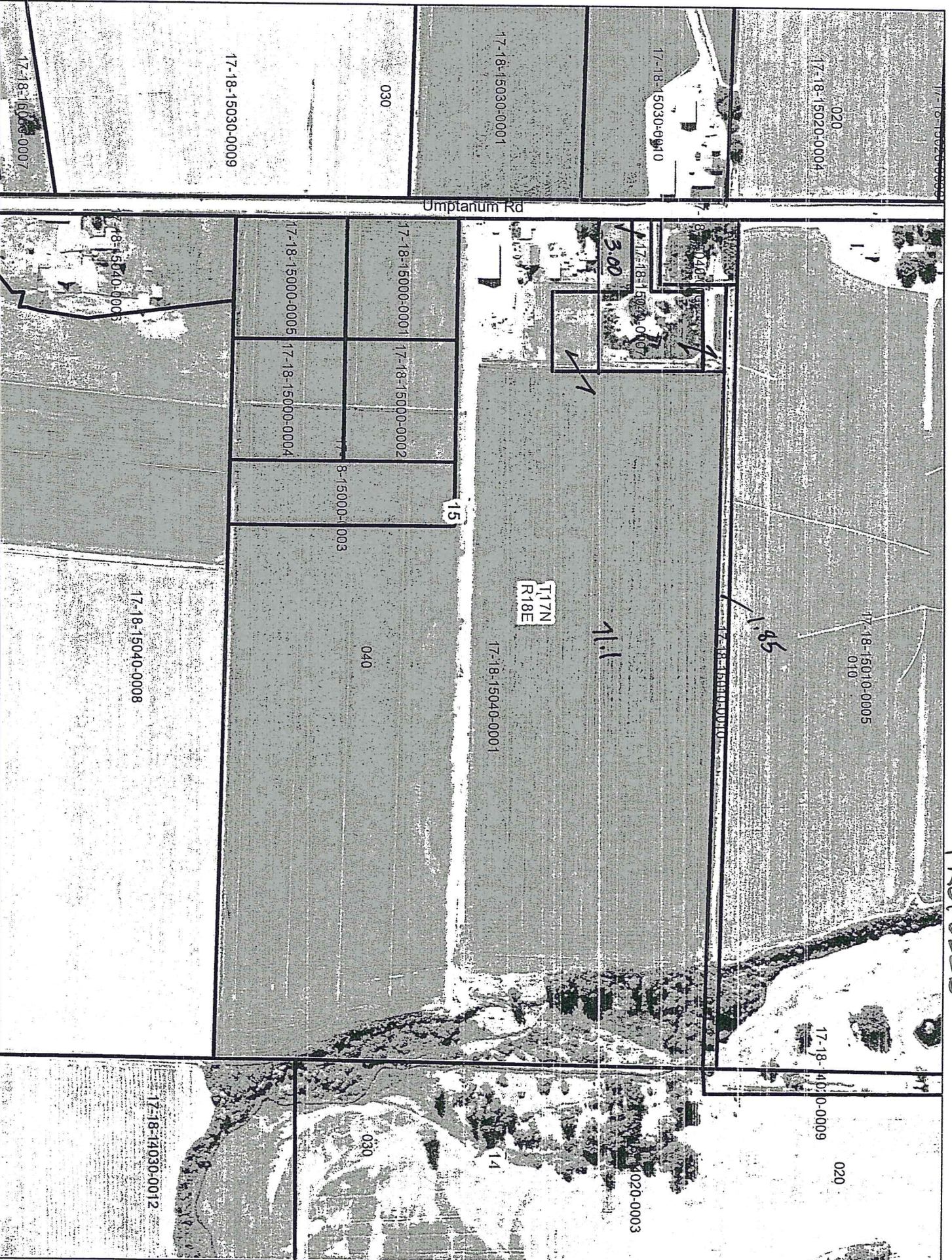
14020-0003

14

030

17-18-14030-0012

PROPOSED



Umptanum Rd

020  
17-18-15020-0004

17-18-15030-0010

17-18-15030-0001

030

17-18-15030-0009

17-18-15030-0007

17-18-15010-0005  
010

177N  
R18E

17-18-15040-0001

15

17-18-15000-0001  
17-18-15000-0002

17-18-15000-0005  
17-18-15000-0004

8-15000-0003

040

17-18-15040-0008

17-18-15010-0009

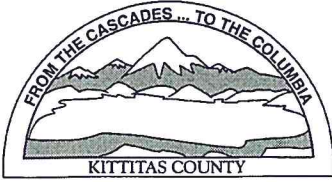
020

17-18-15020-0003

14

030

17-18-14030-0012



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

**RECEIPT NO.: 00019685**

COMMUNITY DEVELOPMENT SERVICES  
(509) 962-7506

PUBLIC HEALTH DEPARTMENT  
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS  
(509) 962-7523

**Account name:** 027830

**Date:** 11/5/2013

**Applicant:** SMITH, JOHN R ETUX

**Type:** check # 6364

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
BL-13-00029	BOUNDARY LINE ADJUSTMENT MAJOR	225.00
BL-13-00029	BLA MAJOR FM FEE	65.00
BL-13-00029	PUBLIC WORKS BLA	90.00
BL-13-00029	ENVIRONMENTAL HEALTH BLA	205.00
	Total:	585.00