

JAN 15 2014



CD 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 <u>does not</u> 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 m	ust be filed for <u>each</u> b	oundary line adjustm	ent request.	
	Unified Site Plan of ex-	isting lot lines and prop	osed lot lines with dist	ances of all existing structu	ires a

- 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

\$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:

RECEIPT # 20114

JAN 1 5 2014
KITTITAS CO

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	parcels until after preli	ninary approval has been issued.)	y of the proposed adjusted or new
		GENERAL APPLICATION INFORMATION	
	Name:	#6UC, VALLEY LAND	
	Mailing Address:	4608 4th PARALLEL RE	<u> </u>
	City/State/ZIP:	ELLENSBURG, WA 9	8926
	Day Time Phone:	899-2840 (JEFF BRUNS	SOM
	Email Address:	jbrunson@fairpoin	t.net
	Agent Name:	CRUSE & ASSOC	
	Mailing Address:	PO BOX 959	
	City/State/ZIP:	ELLENSBURG, WA	98926
	Day Time Phone:	509-962-8242	
1	Email Address:	cruseandassoc@Kva	lley.com
			/
1	Name:		
1	Mailing Address:		
(City/State/ZIP:		
Ι	Day Time Phone:		
E	Email Address:	MACONIA CONTRACTOR AND	
S	Street address of proper	ty:	
Α	Address:	NO 6 ROAD	
C	City/State/ZIP:	ELLENSBURG, WA 9	8926
L 7	egal description of pro	perty (attach additional sheets as necessary): 7-17-19 AND PTN NEV4	19-17-19
P	roperty size: 7/,	82 AC	(acres)
		a A	A A
		parcels until after prelin Assessor COMPAS Inf Name, mailing address Landowner(s) signature Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Name, mailing address If an authorized agent is Agent Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Name, mailing address If different than land own Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: City/State/ZIP: Day Time Phone: Email Address: City/State/ZIP: Legal description of property Size: Property size: 7/,	An original survey of the current lot lines. (Please do not submit a new survey parcels until after preliminary approval has been issued.) Assessor COMPAS Information about the parcels. GENERAL APPLICATION INFORMATION Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form Name: #GULL, VAUEY LAND Mailing Address: HOS 4th PARAUEL RE City/State/ZIP: EUENSBURG, WA 9. Day Time Phone: Bay - 28 40 (JEFF BRUNG) Email Address: Name, mailing address and day phone of authorized agent, if different fre If an authorized agent is indicated, then the authorized agent's signature is re Agent Name: CRUSE ASSOC Mailing Address: City/State/ZIP: EUENSBURG, WA 9. Day Time Phone: Email Address: CYUSE AND ASSOC & KVA 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: City/State/ZIP: Day Time Phone: Email Address: City/State/ZIP: EUENSBURG, WA 9 Legal description of property: Address: NO & ROAD City/State/ZIP: EUENSBURG, WA 9 Legal description of property (attach additional sheets as necessary): Property size: 71, 82 AC Property size: 71, 82 AC

8.	Existing and Proposed	Lot Informatio	on			
	Original Parcel Number((1 parcel number per li			New Acreag	ge ol, Pg)	
	17-19-19010 - 17-19-18040 17-19-19050	0001 0-0006 0-0001	20.27 19.80 31.75	35.4 36.1	8 +	
	APPLICANT IS:	OWNER _	PURCHASI	ER	LESSEE	OTHER
9.	with the information of information is true, co	contained in complete, and hereby grant	this application accurate. I fur to the agencies	te the activition, and that to the certify so to which the	the best of my known that I possess the anis application is ma	I certify that I am familiar nowledge and belief such authority to undertake the ade, the right to enter the
	E: Kittitas County do eceiving approval for a				access, available w	vater or septic areas, for
	correspondence and no nt or contact person, as		ansmitted to th	e Land Owne	er of Record and cop	pies sent to the authorized
Signatu	re of Authorized Agent	::		Signature o	of Land Owner of R	ecord
(REQUI	IRED if indicated on ap	\mathcal{C}	1-15-14	(Required for	or application submit	ittal): (date) / -/-3-14
THIS F	ORM MUST BE SIGNEI					TREASURER'S OFFICE
	<u>P</u>	RIOR TO SUE	MITTAL TO T	HE ASSESSO	OR'S OFFICE.	
		TR	EASURER'S O	FFICE REVIE	<u>ew</u>	
Tax Statı	ıs:	B	y:			Date:
()	This BLA meets the requ		Y DEVELOPME Kittitas County (
, ,	Deed Recording Vol	Page	Date	**5	Survey Required: Ye	es No
	d#:				on Date:	
	Split Date:			Current Zoni	ng District:	
Preli	minary Approval Date:			By:		
	Approval Date:					

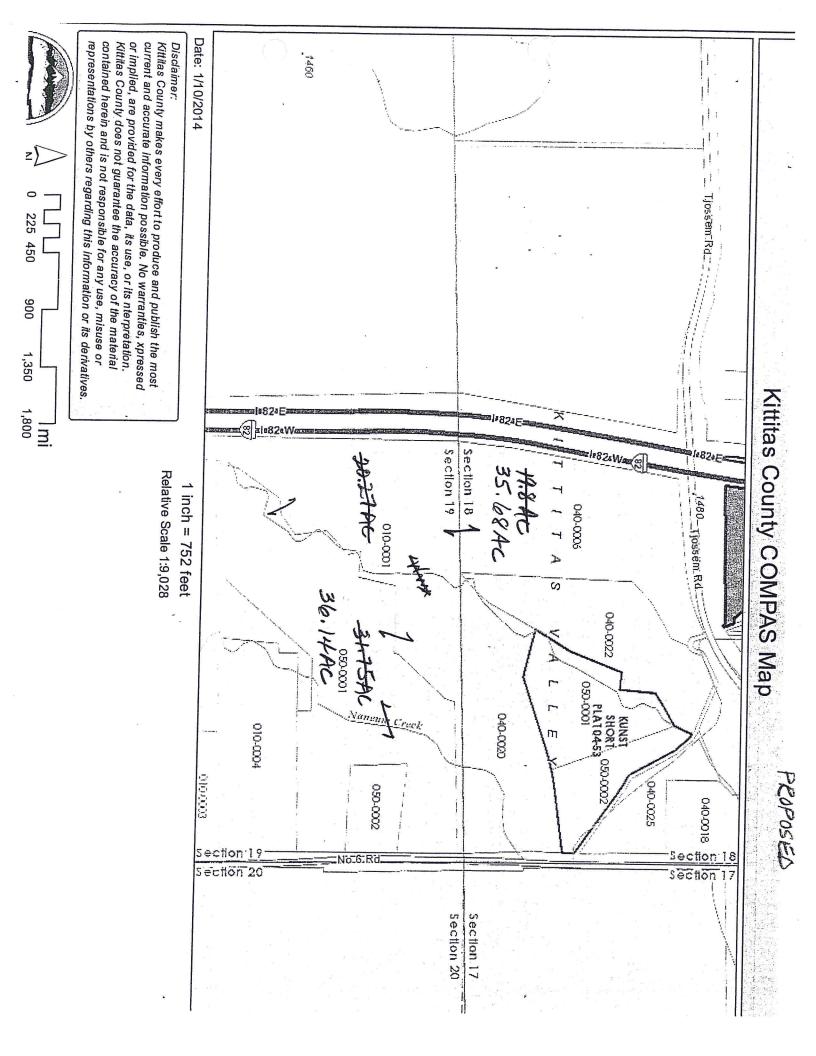
. | mi 1,800

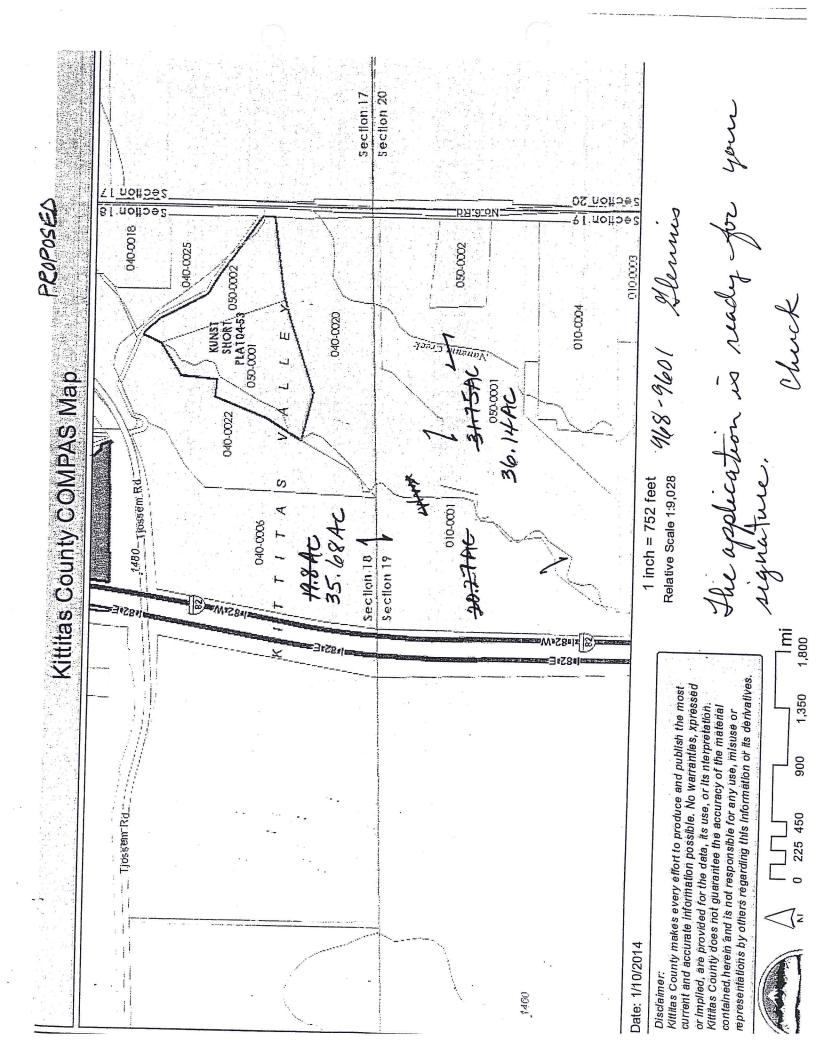
1,350

900

225 450

representations by others regarding this information or its derivatives.







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

RECEIPT NO.:

00020113

COMMUNITY DEVELOPMENT SERVICES

(509) 962-7506

PUBLIC HEALTH DEPARTMENT (509) 962-7698

DEPARTMENT OF PUBLIC WORKS

(509) 962-7523

Account name:

027978

Date: 1/15/2014

Applicant:

CARNEY, LLOYD ETUX

Type:

check # 7352

Permit Number	Fee Description	Amount
BL-14-00003	BOUNDARY LINE ADJUSTMENT MAJOR	225.00
BL-14-00003	BLA MAJOR FM FEE	65.00
BL-14-00003	PUBLIC WORKS BLA	2.50
	Total:	292.50



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COMMUNITY DEVELOPMENT SERVICES

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PUBLIC HEALTH DEPARTMENT (509) 962-7698

DEPARTMENT OF PUBLIC WORKS

(509) 962-7523

Account name:

027978

Date: 1/15/2014

Applicant:

CARNEY, LLOYD ETUX

Type:

check # 1013

Permit Number	Fee Description		Amount
BL-14-00003	PUBLIC WORKS BLA		87.50
BL-14-00003	ENVIRONMENTAL HEALTH BLA		205.00
		Total:	292.50