

BL-14-00014



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

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Office (509) 962-7506

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"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.

RECEIVED
JUL 23 2014
KITTITAS COUNTY
CDS

APPLICATION FEES:

- \$225.00 Kittitas County Community Development Services (KCCDS)
- \$90.00 Kittitas County Department of Public Works
- \$65.00 Kittitas County Fire Marshal
- \$215.00 Kittitas County Public Health Department Environmental Health

- \$595.00 Total fees due for this application (One check made payable to KCCDS)**

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

[Handwritten Signature]

DATE:

7/23/14

RECEIPT #

PAID

JUL 24 2014

KITTITAS CO.
CDS

DATE STAMP IN BOX

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: BOB SUKERT / REEF, LLC

Mailing Address: 631 PEBBLE BEACH DRIVE

City/State/ZIP: CLE ELUM, WA 98922

Day Time Phone: 509-304-4228

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: _____

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 ST.

City/State/ZIP: CLE ELUM, WA 98922

Day Time Phone: 509-674-7433

Email Address: DNELSON@ENCOMPASSES.NET

4. **Street address of property:**

Address: 3131 SR 903 / BICAREK ROAD

City/State/ZIP: ROSLYN, WA 98941

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

SEE ATTACHED LEGAL DESCRIPTIONS

6. **Property size:** 1.00 Ac / 1.01 Ac. (acres)

7. **Land Use Information:** Zoning: CG Comp Plan Land Use Designation: RURAL RECREATIONAL

8. Existing and Proposed Lot Information

Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol. ____, Pg ____)
<u>763034 1.00 Ac</u>	<u>0.44 0.5 Ac</u>
<u>773034 1.01 Ac.</u>	<u>1.57 1.5 Ac</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 _____ (date) _____

X  (date) 6-12-14

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: _____