

Critical Areas Checklist

Thursday, August 07, 2014

Application File Number



Planner

Is SEPA required Yes No



Is Parcel History required? Yes No

What is the Zoning?



Is Project inside a Fire District? Yes No

If so, which one?



Is the project inside an Irrigation District? Yes No

If so, which one?

Does project have Irrigation Approval? Yes No

Which School District?

Is the project inside a UGA? Yes No

If so which one?

Is there FIRM floodplain on the project's parcel? Yes No

If so which zone?

What is the FIRM Panel Number?

Is the Project parcel in the Floodway? Yes No

Does the project parcel contain a shoreline of the State? Yes No

If so what is the Water Body?

What is the designation?

Does the project parcel contain a Classified Stream? Yes No

If so what is the Classification?

Does the project parcel contain a wetland? Yes No

If so what type is it?

Does the project parcel intersect a PHS designation? Yes No

If so, what is the Site Name?

Is there hazardous slope in the project parcel? Yes No

If so, what type?

Does the project parcel abut a DOT road? Yes No

If so, which one?

Does the project parcel abut a Forest Service road? Yes No

If so, which one?

Does the project parcel intersect an Airport overlay zone ? Yes No

If so, which Zone is it in?

Does the project parcel intersect a BPA right of way or line? Yes No

If so, which one?

Is the project parcel in or near a Mineral Resource Land? Yes No

If so, which one?

Is the project parcel in or near a DNR Landslide area? Yes No

If so, which one?

Is the project parcel in or near a Coal Mine area? Yes No

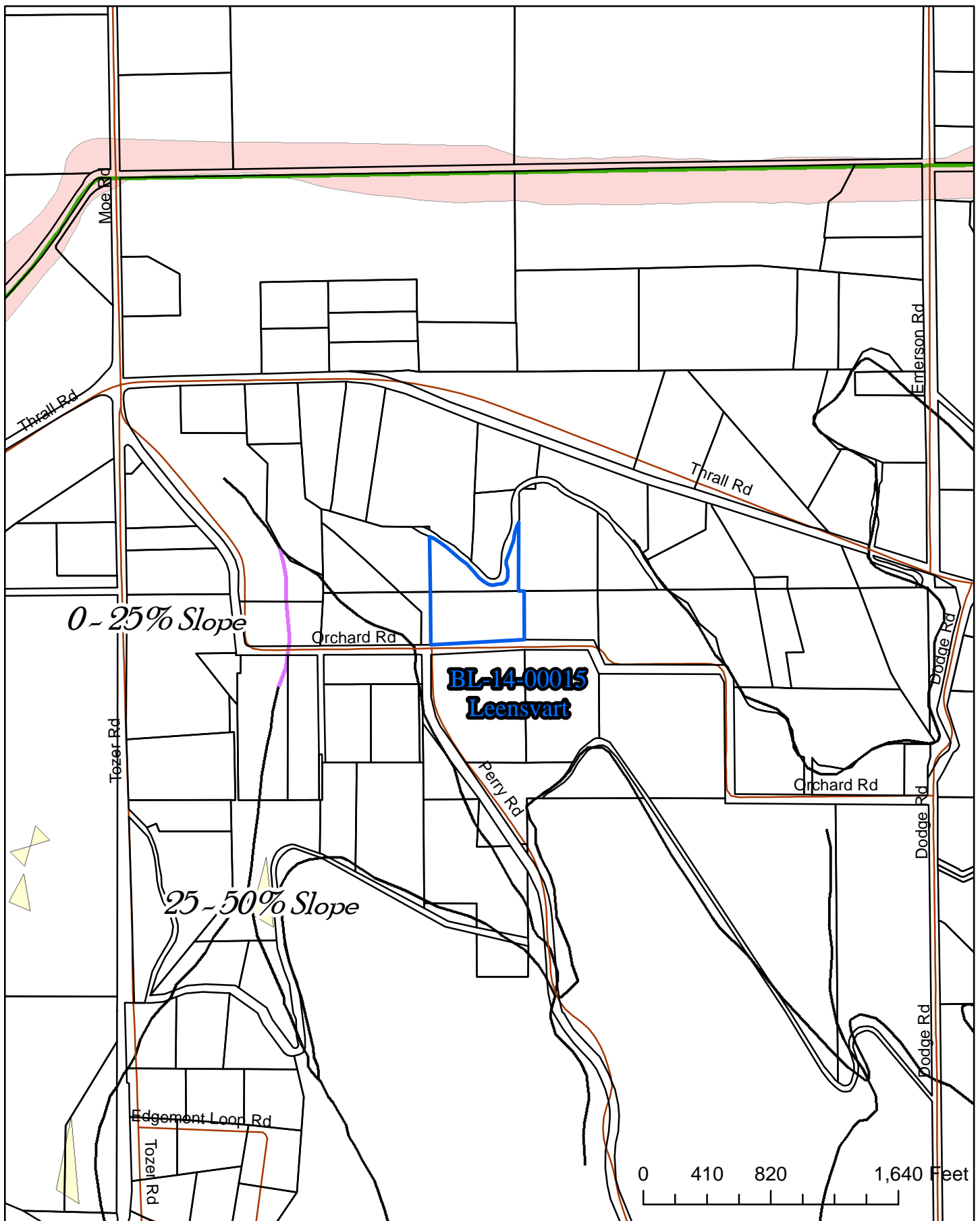
What is the Seismic Designation?

C

Does the Project Application have a Title Report Attached?

Does the Project Application have a Recorded Survey Attached?

Have the Current Years Taxes been paid?



BL-14-00015
Leensvart

Critical Area
Map

8/7/2014

kaycee.hathaway



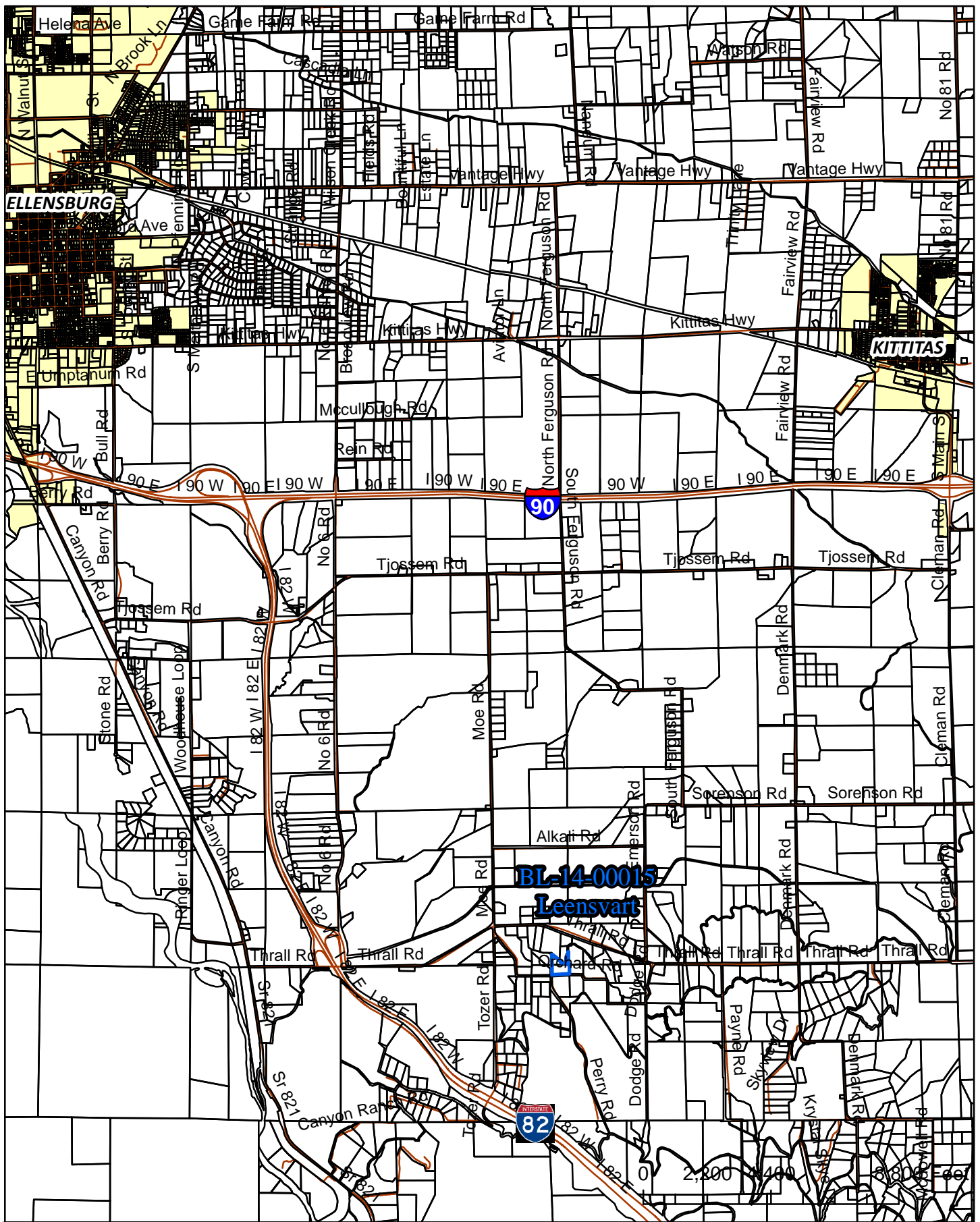


BL-14-00015
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Air
Photo

8/7/2014

kaycee.hathaway



BL-14-00015
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Area
Map

8/7/2014

kaycee.hathaway

EXISTING

000-0038

000-0033

000-0034

000-0014

1560

000-0013

000-0046

2.47

SW Section 28
NW Section 33

020-0001

020-0002

020-0028

4.75

ORCHARD RD

ORCHARD RD

ORCHARD RD

Y RD

SW SE

000-0017

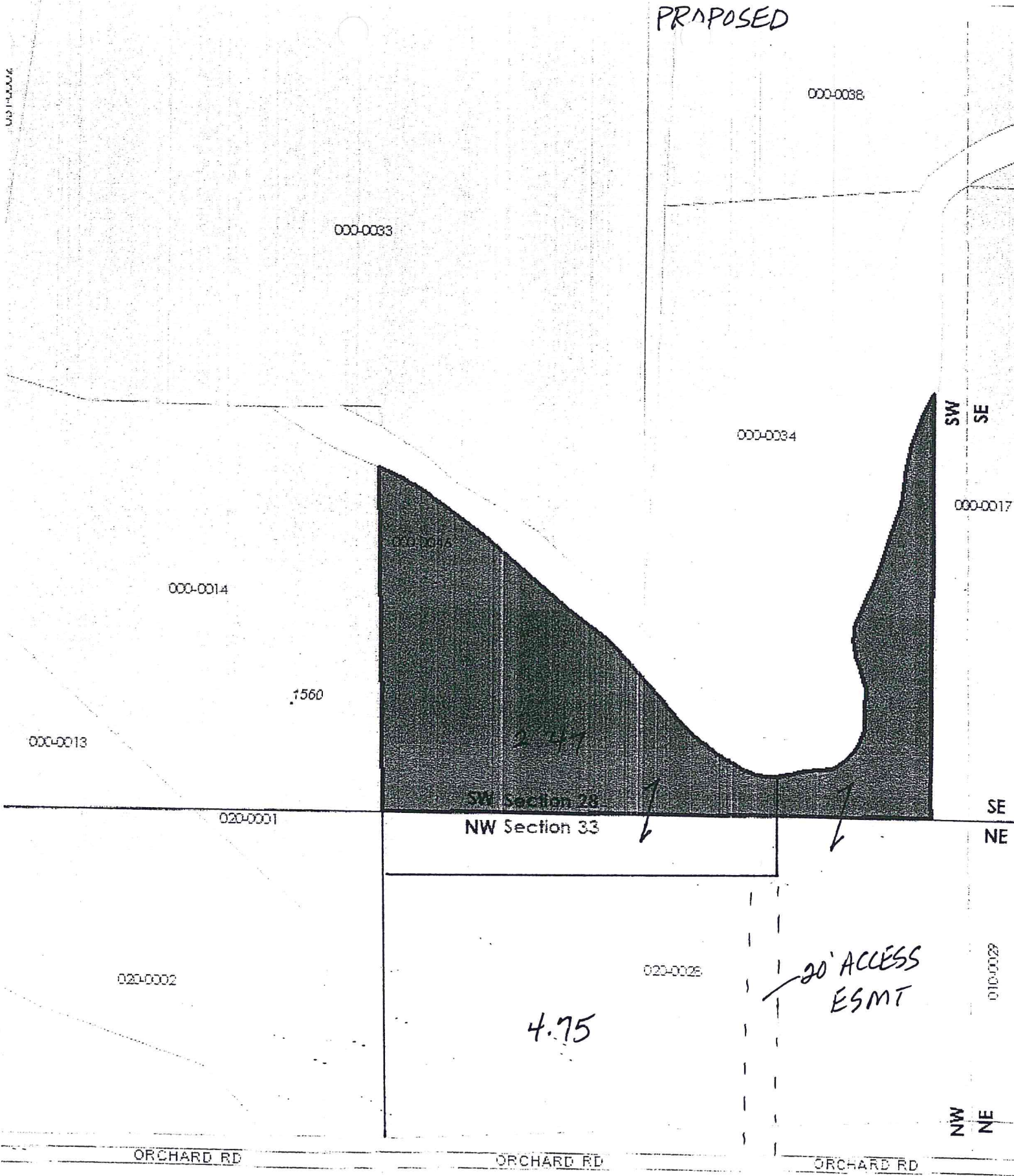
SE NE

010-0029

NW NE

-0004

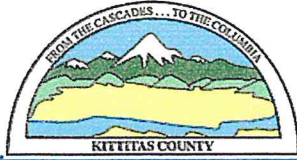
PROPOSED



RECEIVED

JUL 24 2014

BL-14-00015



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
\$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): 	DATE: <u>7/24/14</u>	RECEIPT # <u>1001</u>	<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold; font-size: 1.2em;">PAID</div> <div style="color: red; font-weight: bold; font-size: 1.1em;">JUL 24 2014</div> <div style="color: red; font-weight: bold; font-size: 1.1em;">KITTITAS CO.</div> <div style="color: red; font-weight: bold; font-size: 0.8em;">CDS</div> <div style="font-size: 0.8em;">DATE STAMP IN BOX</div>
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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: LEENSVART
Mailing Address: 604 S. MAPLE ST.
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: Chuck Cruse
Mailing Address: 217 E. 4th
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: 931 ORCHARD RD.
City/State/ZIP: ELLENSBURG, WA 98926

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

PARCELS 1 & 4 BK 39 - PGS 40-42. PORTION OF
NE 1/4 of NW 1/4 33-17-19 and SE 1/4 of SW 1/4 28-17-19

6. Property size: 7.22 (acres)

7. Land Use Information: Zoning: CA, AG-20 Comp Plan Land Use Designation: CA, allowed use

8. Existing and Proposed Lot Information

Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol. ____, Pg ____)
<u>17-19-28000-0046 2.47</u>	<u>2.47</u>
<u>17-19-33020-0028 4.75</u>	<u>4.75</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):

Cheryl G. Cruse (date) 7-24-14 X Eric Lemmon (date) 7-24-14

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).

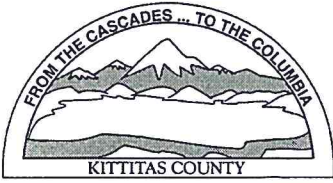
Deed Recording Vol. _____ Page _____ Date _____ **Survey Required: Yes _____ No _____

Card #: _____ Parcel Creation Date: _____

Last Split Date: _____ Current Zoning District: _____

Preliminary Approval Date: _____ By: _____

Final Approval Date: _____ By: _____



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

RECEIPT NO.: 00022081

COMMUNITY DEVELOPMENT SERVICES
(509) 962-7506

PUBLIC HEALTH DEPARTMENT
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS
(509) 962-7523

Account name: 028785

Date: 7/24/2014

Applicant: LEENVAART, ERIC & LORI TRUSTE

Type: check # 3139

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
BL-14-00015	BOUNDARY LINE ADJUSTMENT MAJOR	225.00
BL-14-00015	BLA MAJOR FM FEE	65.00
BL-14-00015	PUBLIC WORKS BLA	90.00
BL-14-00015	ENVIRONMENTAL HEALTH BLA	215.00
	Total:	595.00