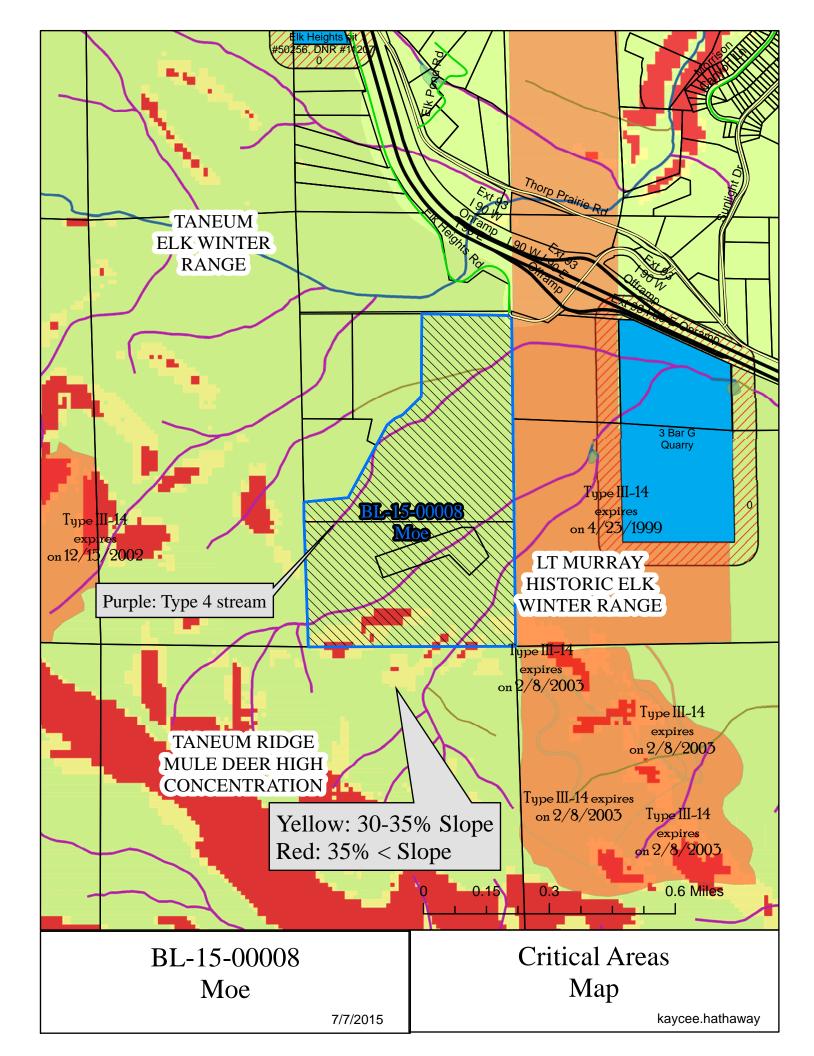
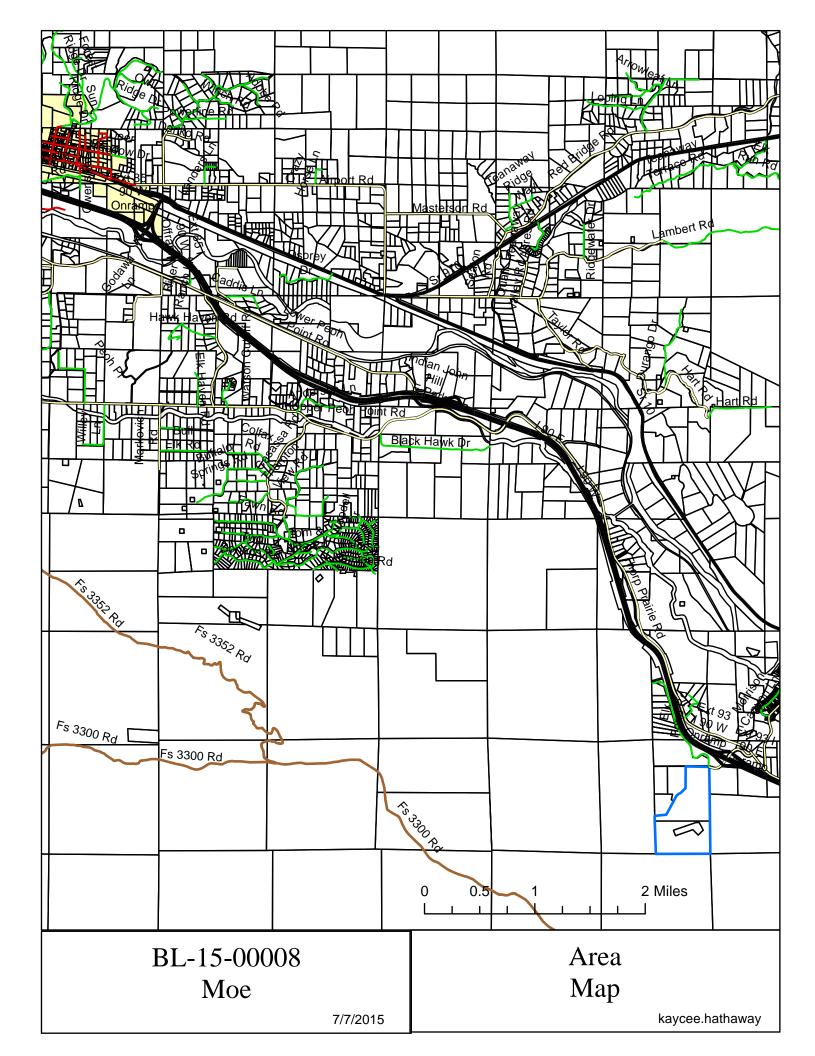
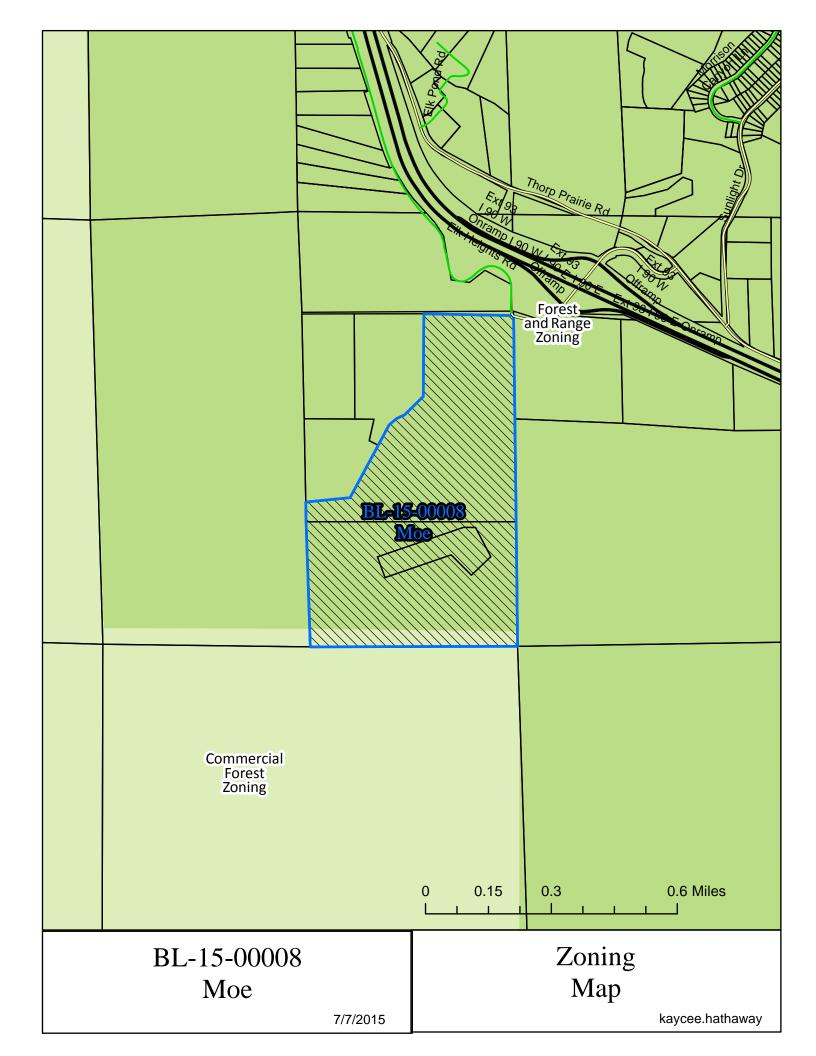
Critical Areas Checklist

Tuesday, July 07, 2015	
Application File Number BL-15-00008	<i>4</i> 4
Planner Kaycee Hathaway	
Is SEPA required 🗌 Yes 🔽 No	▶*
Is Parcel History required? Yes Vo	
What is the Zoning? Forest and Range	e ₀
Is Project inside a Fire District? Yes No	
If so, which one? District 1	
Is the project inside an Irrigation District? Yes No	
If so, which one?	
Does project have Irrigation Approval? Ves 🗌 No	
Which School District? Thorp	
Is the project inside a UGA?	
If so which one?	
Is there FIRM floodplain on the project's parcel? \Box Yes \checkmark No	
If so which zone?	
What is the FIRM Panel Number?	
Is the Project parcel in the Floodway? $igvee extsf{Y}$ Yes $igvee extsf{No}$ No	
Does the project parcel contain a shoreline of the State? $\ \square$ Yes $\ ullet$ No	
If so what is the Water Body?	
What is the designation?	
Does the project parcel contain a Classified Stream? $igsquare$ Yes $igsquare$ No	
If so what is the Classification? Type 4	
Does the project parcel contain a wetland? \Box Yes \checkmark No	
If so what type is it?	
Does the project parcel intersect a PHS designation? ✓ Yes □ No	
If so, what is the Site Name? LT Murray Historic Elk Winter Range	
Is there hazardous slope in the project parcel? $igvee ext{Yes}$ No	
If so, what type? 0-38%	

Does the project parcel abut a DOT road? Yes No
If so, which one? I-90
Does the project parcel abut a Forest Service road? \Box Yes \checkmark No
If so, which one?
Does the project parcel intersect an Airport overlay zone ? \Box Yes \checkmark No
If so, which Zone is it in?
Does the project parcel intersect a BPA right of way or line? \Box Yes \checkmark No
If so, which one?
Is the project parcel in or near a Mineral Resource Land? $igvee ext{Yes}$ Yes $igvee$ No
If so, which one? 3 Bar G Quarry
Is the project parcel in or near a DNR Landslide area? $\$ Yes \checkmark No
If so, which one?
Is the project parcel in or near a Coal Mine area? $\hfill Yes$ $\hfill Yes$ No
What is the Seismic Designation? D1
Does the Project Application have a Title Report Attached? \Box
Does the Project Application have a Recorded Survey Attached? \Box
Have the Current Years Taxes been paid? \square







15-00X

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES



"Building Partnerships - Building Communities"

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506 Fax (509) 962-7682

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 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 <u>final approval</u> (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		REAPHIER
Application Received By (CDS Staff Signature):	1		MEVENEN
- SUU	DATE: 184415	RECEIPT # 251.084 	JUN 0 4 2015 KITTITAS COUNTY CDS DATE STAMP IN BOX

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

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:	Jason Moe
Mailing Address:	22710 SE lake FRANCIS RD
City/State/ZIP:	Myple Valley WA 98038
Day Time Phone:	425-471-2244
Email Address:	Jason @ Elkheightsexcavation. com

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:	ma for BROCEA. 1705
Mailing Address:	331 ELK HIS RO,
City/State/ZIP:	CLEEUM UA 98922
Day Time Phone:	H (509) 674 5903 / C 425 766-3001
Email Address:	noe Celkheightsranch.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 propert	y:
	Address:	
	City/State/ZIP:	
5.	Legal description of prop See attached	erty (attach additional sheets as necessary): survey maps
6.	Property size:PARCE	L A=174.7 AC, PARCEL B=10.67 AC (acres)
7.	Land Use Information: 2	Coning: <u>F&R</u> Comp Plan Land Use Designation: <u>PWCH</u> WONTRY
		Page 2 of 3

8. Existing and Proposed Lot Information

Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol, Pg)
19-16-26040-0003 99.50 AC	99.50 AC
19-16-26040-0008 75.20 AC	74.41 AC
19-16-26040-0004 10.67 AC	11.46 AC
APPLICANT IS:OWNERPURCHASE	RLESSEE OTHER

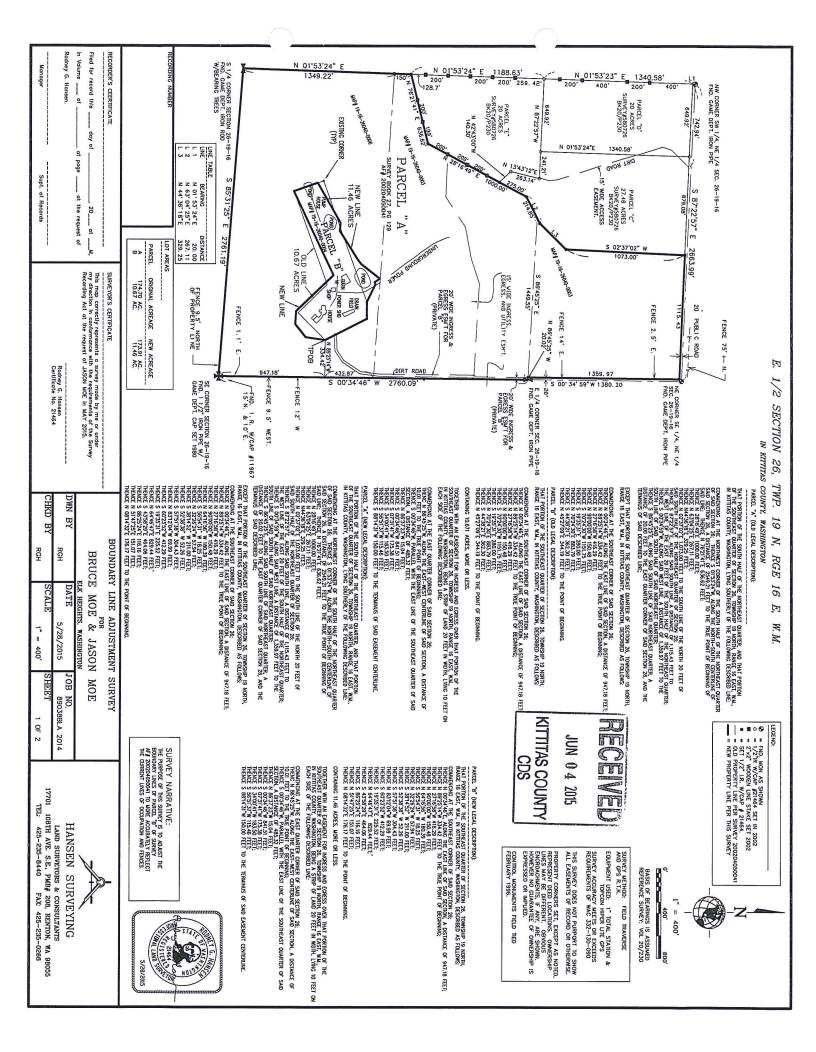
AUTHORIZATION

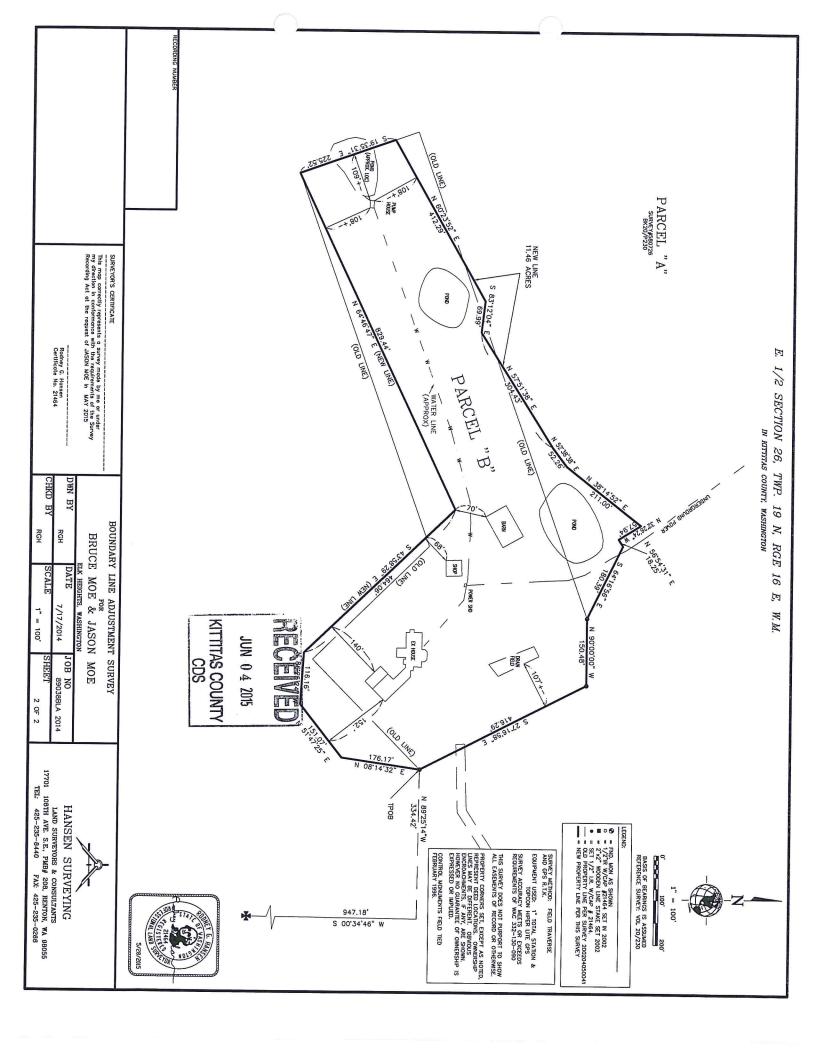
Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar 9. with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess 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.

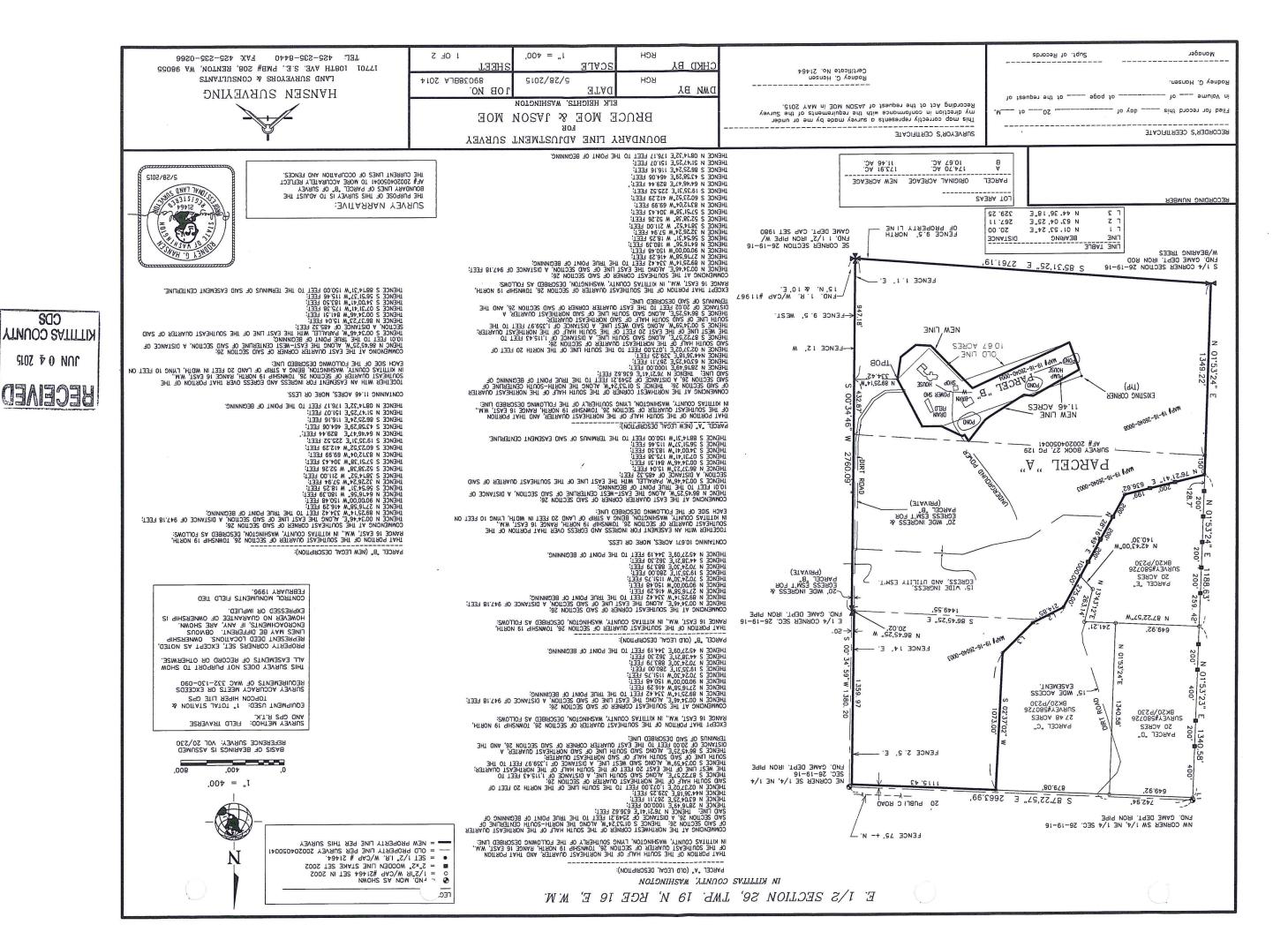
NOTICE: Kittitas County does not guarantee a buildable site, legal access, available water or septic areas, for parcel receiving approval for a Boundary Line Adjustment.

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.

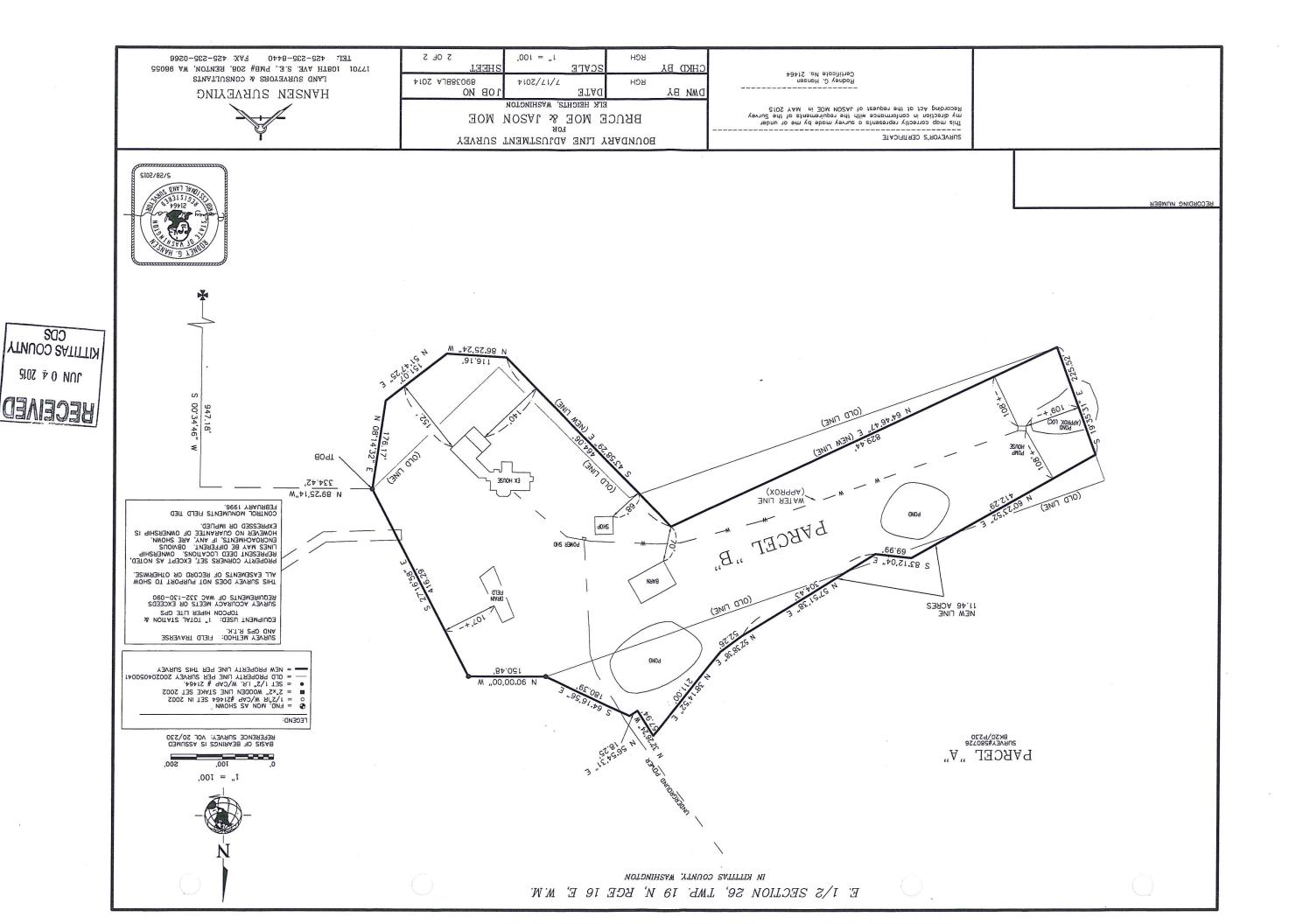
Signature of Authorized Agent:	Signature of Land Owner of Record
(REQUIRED if indicated on application)	(Required for application submittal):
X(date)_ <u>6/3/15</u>	x (date) <u>(-3-15</u>
THIS FORM MUST BE SIGNED BY COMMUNITY DEVEL	LOPMENT SERVICES AND THE TREASURER'S OFFICE
PRIOR TO SUBMITTAL TO	THE ASSESSOR'S OFFICE.
TREASURER'S	OFFICE REVIEW
Cax Status: By:	Date:
() 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 CENTER411 N. RUBY STREET, ELLENSBURG, WA 98926RECEIPT NO.: 00025684

COMMUNITY DEVE (509) 9	LOPMENT \$ 962-7506	SERVICES	PUBLIC HEALTH DEPARTMENT (509) 962-7698	DEPARTMENT OF PUBLIC WORKS (509) 962-7523
Account name:	006819		Date	e: 6/4/2015
Applicant:	JASON	MOE		
Туре:	check	# 5023		
Permit Number		Fee Des	cription	Amount
BL-15-00008		BOUND	ARY LINE ADJUSTMENT MAJOR	225.00
BL-15-00008		BLA MA	IOR FM FEE	65.00
BL-15-00008		PUBLIC	WORKS BLA	90.00
BL-15-00008		ENVIRO	NMENTAL HEALTH BLA	215.00
			Total:	595.00