

# Letter of Transmittal



**Western Washington Division**  
 165 NE Juniper St., Suite 201, Issaquah, WA 98027  
 Tel (425) 392-0250 Fax (425) 391-3055

**Eastern Washington Division**  
 407 Swiftwater Blvd., Cle Elum, WA 98922  
 Tel (509) 674-7433 Fax (509) 674-7419

**To: KITTITAS COUNTY CDS** **Date: 7-10-2015** **Job No. 07208-1**  
**ELLENSBURG WA 98926** **Attn: JEFF WATSON**  
**ATTN: JEFF WATSON** **Re: MONJAZEB-BLA AND SHORT PLAT (PRELIMINARY)**

**WE ARE SENDING YOU**  Attached  Under separate cover via overnight mail/regular mail the following items:

PRINTS	PLANS	SHOP DRAWINGS	COPY OF LETTER	CHANGE ORDER	SAMPLES	SPECIFICATIONS	SUBMITTAL

COPIES	DATE	NO.	DESCRIPTION
5		1	COPY OF PRELIMINARY BOUNDARY LINE ADJUSTMENT SURVEY
5		3	COPY OF PRELIMINARY SHORT PLAT WITH CONTOURS & WITHOUT CONTOURS
1			APPLICATION FOR BLA AND SHORT PLAT & COUNTY SUBMITTAL FEE
4			OVERVIEW LETTER FOR BOTH BLA AND SHORT PLAT
1			TRANS. CONCURRENCY MANAGEMENT APPLICATION FOR SHORT PLAT
1			SUBDIVISION GUARANTEE FOR BOUNDARY LINE ADJUSTMENT

WELL LOG/ASSESSOR'S PARCEL INFO./EXISTING SURVEY FOR PARCELS BEING BOUNDARY LINE ADJUSTED (FOR BLA) & 8-1/2X11 COPIES OF BOTH

**THESE ARE TRANSMITTED as checked below:**

- For approval
- For your use
- As requested
- For review and comment \_\_\_\_\_
- FOR BIDS DUE \_\_\_\_\_
- Approved as submitted
- Approved as noted
- Returned for corrections
- Resubmit \_\_\_\_ copies for approval
- Submit \_\_\_\_ copies for distribution
- Return \_\_\_\_ corrected prints
- For signature
- PRINTS RETURNED AFTER LOAN TO US

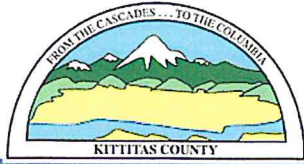
**REMARKS:**

ALSO INCLUDED WITH THIS PACKAGE IS A GROUNDWATER MITIGATION AGREEMENT AS WELL AS AN ARCHAEOLOGICAL STUDY FOR REFERENCE.

Signature: *Gregg W. Jensen* Title: CAD TECHNICIAN

Copy to: File

SP-15-00002



# 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"

## SHORT PLAT APPLICATION

*(To divide a lot into no more than 4 lots, according to KCC 16.32)*

**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

- Five large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5"x11"copy.
- Project Narrative responding to Questions 9-11 on the following pages.

### OPTIONAL ATTACHMENTS

(Optional at submittal, required at the time of final submittal)

- Certificate of Title (Title Report)
- Computer lot closures

### APPLICATION FEES:

\$720.00 Kittitas County Community Development Services (KCCDS)  
 \$220.00 Kittitas County Department of Public Works  
 \$130.00 Kittitas County Fire Marshal  
 \$570.00 Public Health Proportion (Additional fee of \$75/hour over 4 hours)

**\$1,640.00 Total fees due for this application (One check made payable to KCCDS)**

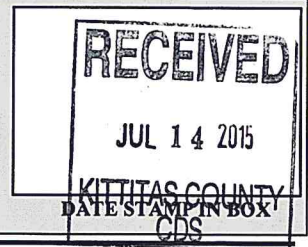
### FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

*SM*

DATE: *7/14/15*

RECEIPT # *26912*



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

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: ARASTOU (AL) MONJAZEB  
Mailing Address: 13817 NE 20TH  
City/State/ZIP: BELLEVUE WA 98005  
Day Time Phone: 425-373-9222  
Email Address: al@autocenternw.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: \_\_\_\_\_  
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: ENCOMPASS ENGR. & SURV.  
Mailing Address: 407 SWIFTWATER BLVD.  
City/State/ZIP: CLE ELUM WA 98922  
Day Time Phone: 509-674-7433  
Email Address: ginger@encompasses.net

**4. Street address of property:**

Address: SALMON LA SAC ROAD  
City/State/ZIP: RONALD WA 98940

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

A PORTION OF LOT E OF SURVEY BOOK 35, PAGE 42 LOCATED IN THE WEST HALF OF SECTION 21, TOWNSHIP 21 NORTH, RANGE 14 EAST, W.M., KITTITAS COUNTY

**6. Tax parcel number(s):** 12048 (21-14-21000-0006)

**7. Property size:** 21.04 (acres)

**8. Land Use Information:**

Zoning: RURAL REC.                      Comp Plan Land Use Designation: RURAL REC.

**PROJECT NARRATIVE**

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

- 9. **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. yes   no
- 10. **Are Forest Service roads/easements involved with accessing your development?** If yes, explain.
- 11. **What County maintained road(s) will the development be accessing from?** SALMON LA SAC ROAD

**AUTHORIZATION**

- 12. 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.

**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:**  
**(REQUIRED if indicated on application)**

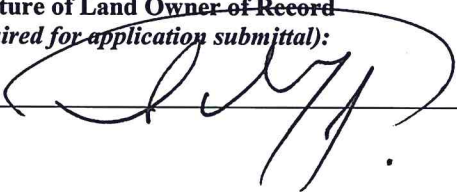
**Date:**

X \_\_\_\_\_

\_\_\_\_\_

**Signature of Land Owner of Record**  
**(Required for application submittal):**

**Date:**

X  \_\_\_\_\_

6-3-15