BL-17-00013



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 16.10.010)

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: The following are required per KCC 16.10.020 Application Requirements. A separate application must be filed for <u>each</u> 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 to scale.
- 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.
- Provide existing and proposed legal descriptions of the affected lots. Example: Parcel A The North 75 feet of the West 400 feet 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.
- A certificate of title issued within the preceding one hundred twenty (120) days.

For final approval (not required for initial application submittal):

- Full year's taxes to be paid in full.
- Recorded Survey.

APPLICATION FEES:

\$800.00	Kittitas County Community Development Services (KCCDS)
\$275.00	Kittitas County Department of Public Works
\$145.00	Kittitas County Fire Marshal
\$280.00	Kittitas County Public Health Department Environmental Health

\$1,500.00 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY



	parcels until after preli	OPTIONAL ATTACHMENTS he current lot lines. (Please do not submit a new survey of the proposed adjusted or new minary approval has been issued.) formation about the parcels.					
		GENERAL APPLICATION INFORMATION					
1.	1. Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form						
	Name:	TOM CONNER					
	Mailing Address:	7421 TEANAWAY RD.					
	City/State/ZIP:	CLE ELUM, WA 98922-9264					
	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 submitted.						
	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	s and day phone of other contact person oner or authorized agent.					
	Name:						
	Mailing Address:						
	City/State/ZIP:						
	Day Time Phone:						
	Email Address:						
4.	Street address of property:						
	Address:	8519 TEANAWAY RD.					
	City/State/ZIP:	CLE ELUM WA 98922					
5.	Legal description of property (attach additional sheets as necessary): PORTIONS OF NE 14 SEC 9, TWP 2011, R 16 E. W.M. SEE ATTACHED TITLE REPORT						
6.	Property size:	7.6/ At (acres)					
7.	Land Use Information:	Zoning: F+R Comp Plan Land Use Designation: RWW INONEIN					

UPDATED 3/5/18 TO MATCH SURVEY

8.	Existing and Proposed Lot	Information				
	Original Parcel Number(s) & (1 parcel number per line)	. Acreage		New Acreage (Survey Vol	, Pg)	
	20-16-09010-0	0006 46	<u>.</u> 61	37.6t	36.21	
					,	
	20-16-09010-00	008 21		30		
						
	APPLICANT IS:	OWNERP	— URCHASEI	I	LESSEE	OTHER
9.	Application is hereby made with the information comproposed activities. I he above-described location to	de for permit(s) to stained in this ap- plete, and accura- reby grant to the	plication, te. I furt agencies	the activities des and that to the her certify that to which this ap	best of my kno I possess the autoplication is mad	wledge and belief such thority to undertake the
	CE: Kittitas County does receiving approval for a B				ess, available wa	ter or septic areas, for
	correspondence and notice ent or contact person, as ap		tted to the	Land Owner of	Record and copi	es sent to the authorized
Signati	are of Authorized Agent:			Signature of La	nd Owner of Re	cord
(REOL	TIRED if indicated on app	lication) (-(date) 7-3			oplication submit	(date) 5 / 15/1
THIS	FORM MUST BE SIGNED E	BY COMMUNITY	DEVELO	PMENT SERVI	CES AND THE T	REASURER'S OFFICE
	<u>PRI</u>	OR TO SUBMIT	TAL TO T	HE ASSESSOR'S	OFFICE.	
		TREASU	RER'S O	FFICE REVIEW		
Tax Sta	itus:	By:				Date:
				•		
· ()	This BLA meets the requi	COMMUNITY DE rements of Kittita				
()	Deed Recording Vol.		•	•	•	s No
Ca	ard #:				·	
	st Split Date:					
	eliminary Approval Date:					
	nal Approval Date:			By:		

	8.	Existing and Proposed Lot Information					
		Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol, Pg)				
90485	C	20-16-09010-0006 46.61	37.41				
17483	55	20-16-09010-0008 21	30				
		APPLICANT IS: OWNERPURCHASE	RLESSEEOTHER				
	9.	AUTHORIZATION 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.					
	parcel r	eceiving approval for a Boundary Line Adjustmen	le site, legal access, available water or septic areas, for t. e Land Owner of Record and copies sent to the authorized				
		nt or contact person, as applicable.	e Lana Owner of Record and copies sent to the authorized				
	Signatu	re of Authorized Agent:	Signature of Land Owner of Record				
	(REQUI	IRED if indicated on application)	(Required for application submittal): X				
	THIS F	ORM MUST BE SIGNED BY COMMUNITY DEVEL	OPMENT SERVICES AND THE TREASURER'S OFFICE				
	PRIOR TO SUBMITTAL TO THE ASSESSOR'S OFFICE.						
		TREASURER'S O	PFFICE REVIEW				
	Tax Stat	us: By:	Date:				
	()	COMMUNITY DEVELOPME This BLA meets the requirements of Kittitas County					
		Deed Recording Vol Page Date	**Survey Required: Yes No				
			Parcel Creation Date:				
	Last	Split Date:	Current Zoning District:				
	Prel	iminary Approval Date:	Ву:				
	Fina	l Approval Date:	Ву:				