



# KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

"Building Partnerships - Building Communities"

BL-18-00013

## 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 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 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 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):

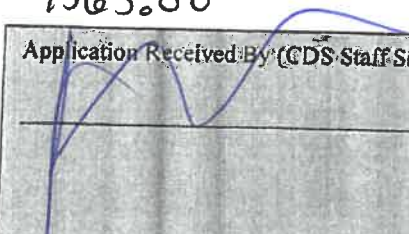
- Full year's taxes to be paid in full.
- Recorded Survey.

### APPLICATION FEES:

\$730.00	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
<del>\$1,430.00</del>	Total fees due for this application (One check made payable to KCCDS)

1565.00

### FOR STAFF USE ONLY

Application Received By: (CDS Staff Signature): 	DATE: 10/17/18	RECEIPT #: 098-02587	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">OCT 17 2018</div> <div style="font-weight: bold;">Kittitas County CDS</div> <div style="font-size: 0.8em; font-weight: bold;">DATE STAMP IN BOX</div>
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COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT

FORM LAST REVISED: 04-10-2017

**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: ZIRKLE FRUIT COMPANY, INC.  
Mailing Address: PO Box 190  
City/State/ZIP: SELAH, WA 98942  
Day Time Phone: 509-969-7832  
Email Address: philw@zirklefruit.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: PHIL HULL  
Mailing Address: PO Box 190  
City/State/ZIP: SELAH, WA 98942  
Day Time Phone: 509-969-7832  
Email Address: philh@zirklefruit.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: PAYNE ROAD  
City/State/ZIP: ELLENBURG, WA 98926

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

\_\_\_\_\_

**6. Property size:** 61.9 (acres)

**7. Land Use Information:** Zoning: AG 20 Comp Plan Land Use Designation: Comm AG

**8. Existing and Proposed Lot Information**

Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol. ____, Pg ____)
<u>880433 63.01 AC</u>	<u>62.38 AC</u>
<u>890433 5.13 AC</u>	<u>5.82 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) 10-5-18

X  (date) 10/5/2018

**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: \_\_\_\_\_

**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: GARY M. DIEFENBACH

Mailing Address: 800 PAYNE RD

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: \_\_\_\_\_

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**4. Street address of property:**

Address: 800 PAYNE RD

City/State/ZIP: ELLENSBURG 98926

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

\_\_\_\_\_

**6. Property size: \_\_\_\_\_ (acres)**

**7. Land Use Information: Zoning: AG Comp Plan Land Use Designation: Comm. AG**

8. Existing and Proposed Lot Information

Original Parcel Number(s) & Acreage  
(1 parcel number per line)

New Acreage  
(Survey Vol. \_\_\_\_, Pg \_\_\_\_)

_____	_____
_____	_____
_____	_____
_____	_____

APPLICANT IS:    \_\_\_ OWNER    \_\_\_ PURCHASER    \_\_\_ LESSEE    \_\_\_ OTHER

**AUTHORIZATION**

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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) 7/30/18

**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**

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Card #: \_\_\_\_\_ Parcel Creation Date: \_\_\_\_\_

Last Split Date: \_\_\_\_\_ Current Zoning District: \_\_\_\_\_

Preliminary Approval Date: \_\_\_\_\_ By: \_\_\_\_\_

Final Approval Date: \_\_\_\_\_ By: \_\_\_\_\_