KITTITAS COUNTY

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.
- Draft Final Survey meeting all conditions of Conditional Preliminary Approval.

APPLICATION FEES:

\$1,490.00	Total fees due for this application (One check made payable to KCCDS)
\$320.00	Kittitas County Public Health Department Environmental Health
\$145.00	Kittitas County Fire Marshal
\$275.00	Kittitas County Department of Public Works
\$750.00	Kittitas County Community Development Services (KCCDS)

Application Received By (CDS Staff Signature):

DATE:

COLUMN

RECEIPT

JUN 12 2019

Kittitas Co. CDS

DATE STAMP IN BOX

	An original survey of the current lot lines. (Please do not submit a new survey of the proposed adjusted or new				
0	- ,				
		GENERAL APPLICATION INFORMATION			
	Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form				
	Name:	Rory & Jennifer Sovage			
	Mailing Address:	557-4th Parallel Rd			
	City/State/ZIP:	Ellensburg WA 98926			
	Day Time Phone:	856-6166			
	Email Address:	rory @ windermere.com			
	Name, mailing address a lf an authorized agent is	and day phone of authorized agent, if different from lando indicated, then the authorized agent's signature is required fo	owner of record: or application submittal.		
	Agent Name:	Chris Cruse			
	Mailing Address:	Po Box 959			
	City/State/ZIP:	Ellensburg WA 98926			
	Day Time Phone:	962-8242			
	Email Address:	cruse and assoc & kvalley, con	1		
	Name, mailing address a If different than land own	and day phone of other contact person er or authorized agent.			
	Name:	0 			
	Mailing Address:				
	City/State/ZIP:		DECEIVE		
	Day Time Phone:		JUN 12 2019		
	Email Address:		Kittitas Co. CD:		
	Street address of proper	ty:			
	Address:	557 \$ 559 - 4th Parallel Rd.			
	City/State/ZIP:	Ellensburg WA 98926			
	Harrel Fin BZZ	- Pal60-1	ull descriptions		
			(acres)		
		0			
		Name, mailing address Landowner(s) signature(s) Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Name, mailing address: If an authorized agent is a Agent Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: City/State/ZIP: Day Time Phone: Email Address: Name, mailing address a If different than land own Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: City/State/ZIP: Day Time Phone: Email Address: City/State/ZIP: Legal description of property State/ZIP: Legal description of property size: 47.2	an original survey of the current lot lines. (Please do not submit a new survey of the p parcels until after preliminary approval has been issued.) Assessor COMPAS Information about the parcels. GENERAL APPLICATION INFORMATION Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form Name: Rock & Jennifee Sovage Mailing Address: City/State/ZIP: Ellens Dra WA 98926 Day Time Phone: Mailing Address: Name, mailing address and day phone of authorized agent, if different from lands if an authorized agent is indicated, then the authorized agent's signature is required for Agent Name: Mailing Address: Po Box 959 City/State/ZIP: Ellens Dra WA 98926 Day Time Phone: Po Box 959 City/State/ZIP: Ellens Dra WA 98926 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: City/State/ZIP: Day Time Phone: Email Address: City/State/ZIP: Day Time Phone: Email Address: Street address of property: Address: Street address of property: Address:		

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8.	Existing and Proposed Lot Information					
	Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol, Pg)				
	95424Z - 5.00AL	5.00 AL				
	954243 - 15.08 AL	20.08AL				
	11992 - 27.15AL	ZZ.15AL				
	APPLICANT IS: OWNER PURCE	IASERLESSEEOTHER				
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. ICE: Kittitas County does not guarantee a buildable site, legal access, available water or septic areas, for					
	eceiving approval for a Boundary Line Adjust					
	correspondence and notices will be transmitted t int or contact person, as applicable.	to the Land Owner of Record and copies sent to the authorized				
Signatu	re of Authorized Agent:	Signature of Land Owner of Record				
(REQU	RED if indicated on application) (date) 6/10/201	(Required for application submittal): (date) 6/12/19				
THIS F		VELOPMENT SERVICES AND THE TREASURER'S OFFICE TO THE ASSESSOR'S OFFICE.				
	TREASURER	'S Office Review				
Tax Stat	tus: 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				
Car	rd #:	Parcel Creation Date:				
Las	t Split Date:	Current Zoning District:				
Prel	liminary Approval Date:	Ву:				
Fina	al Approval Date:	ge 3 of 3 By: JUN 12 2019 Kittitas Co. CDS				
	Pa	ge 3 of 3 Kittitas Co. CDC				