



# KITITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

CDS@CO.KITITITAS.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 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.
  - Draft Final Survey meeting all conditions of Conditional Preliminary Approval.

### APPLICATION FEES:

|                       |  |
|-----------------------|--|
| \$750.00              | Kittitas County Community Development Services (KCCDS)                       |
| \$275.00              | Kittitas County Department of Public Works                                   |
| \$145.00              | Kittitas County Fire Marshal   |
| \$415.00              | Kittitas County Public Health Department Environmental Health                |
| <del>\$1,585.00</del> | <b>Total fees due for this application (One check made payable to KCCDS)</b> |

\$490

### FOR STAFF USE ONLY

|  |                         |                           |  |
|--|-------------------------|---------------------------|--|
| Application Received By (CDS Staff Signature):<br> | DATE:<br><u>7.10.19</u> | RECEIPT #<br><u>#1150</u> |  |
|--|-------------------------|---------------------------|--|

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • **Kittitas Co. CDS**

OK CDS

**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: MICK SANTA

Mailing Address: 1091 BIG CREEK RD.

City/State/ZIP: CLE ELUM, WA 98922

Day Time Phone: 425-985-1282

Email Address: MICKSANTA@COMCAST.NET

**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: SAM WARD/DIRECT SURVEYING

Mailing Address: 13221 SE 26TH ST., SUITE A

City/State/ZIP: BELLEVUE, WA 98005

Day Time Phone: 425-746-3200

Email Address: SAMW@APSSM.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: 1091 BIG CREEK RD

City/State/ZIP: CLE ELUM, WA 98922

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

PARCEL 1 OF THAT CERTAIN SURVEY RECORDED NOVEMBER 13, 1990, IN BOOK 17 OF SURVEYS, PAGE 16, UNDER AUDITOR'S FILE NO. 534986, BEING A PORTION OF SOUTHWEST QUARTER OF SECTION 21, TOWNSHIP 20 NORTH, RANGE 14 E, W.M., IN KITTITAS COUNTY, STATE OF WASHINGTON.

**6. Property size: 10.05 AC. (acres)**

**7. Land Use Information: Zoning: AG. 5 Comp Plan Land Use Designation: RURAL RES.**

**8. Existing and Proposed Lot Information**

| Original Parcel Number(s) & Acreage<br>(1 parcel number per line) | New Acreage<br>(Survey Vol. ____, Pg ____) |
|---|--|
| <u>540536 10.05 AC.</u>   | <u>10.13 AC.</u>                           |
| <u>919036 10.26 AC.</u>   | <u>10.18 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 submitted):

X  (date) 7-9-19

X  (date) 7-10-19 <sup>SECTION 1</sup>

**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: Jay Afflerbaugh  
Mailing Address: 1901 Scott Drive  
City/State/ZIP: Cle Elum 98922  
Day Time Phone: 253-732-6986  
Email Address: lr.construction.jay@msn.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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Street address of property:**

Address: 1901 SCOTT DR.  
City/State/ZIP: CLE ELUM, WA 98922

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

PARCEL H AS PER SURVEY RECORDED IN BOOK 15 OF SURVEYS, PAGE 141, RECORDS OF KITTITAS COUNTY, STATE OF WASHINGTON.

**6. Property size:** 10.26 AC. (acres)

**7. Land Use Information:** Zoning: AG 5 Comp Plan Land Use Designation: RURAL RES.

**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

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Signature of Authorized Agent:

Signature of Land Owner of Record

(REQUIRED if indicated on application)

(Required for application submittal):

X \_\_\_\_\_ (date) \_\_\_\_\_

X  \_\_\_\_\_ (date) 6/1

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**TREASURER'S OFFICE REVIEW**

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