



# KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

Office (509) 962-7506

"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.

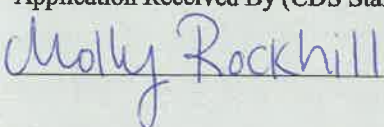
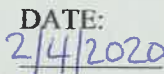

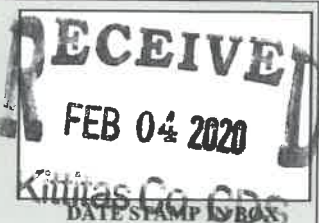
For final approval (not required for initial application submittal):

- 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   |
| \$380.00          | Kittitas County Public Health Department Environmental Health                |
| <b>\$1,550.00</b> | <b>Total fees due for this application (One check made payable to KCCDS)</b> |

### FOR STAFF USE ONLY

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

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

FORM LAST REVISED: 01-06-2020

**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: Salter Yo Irma Grogan  
Janette Ringer  
Mailing Address: 909 E. Seattle Ave 360 Peavine Ln  
City/State/ZIP: Ellensburg WA 98926  
Day Time Phone: 962-9552 859-3112  
Email Address: gjringer@fairpoint.net irmagrogan@gmail.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: Chris Cruse  
Mailing Address: PO Box 959  
City/State/ZIP: Ellensburg WA 98926  
Day Time Phone: 962-8242  
Email Address: cruseandassoc@kvalley.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: 1320 Brown Rd  
City/State/ZIP: Ellensburg WA 98926

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

Portions of sections 3 and 4, T17N, R18E, WM-  
See title report for full description

6. **Property size:** 49.45 (acres)

7. **Land Use Information:** Zoning: AG-5 Comp Plan Land Use Designation: R-R

8. Existing and Proposed Lot Information

| Original Parcel Number(s) & Acreage<br>(1 parcel number per line) | New Acreage<br>(Survey Vol. ____, Pg ____) |
|---|--|
| 948233 - 5.58Ac   | 9.46 Ac (A)                                |
| 618233 - 3.67Ac   | 3.90 Ac (B)                                |
| 938133 - 1.25Ac   | 2.92Ac (C)                                 |
| 248233 (955043) - 19.44Ac   | 7.41 Ac (D)                                |
| 258233 - 5.6Ac  | 5.56Ac (E)                                 |
| 653236 - 13.91Ac  | 18.03Ac (F)                                |

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 Chris Cune (date) 1/31/2020

X Janette M. Ringer (date) 2/3/2020  
Jenna Grogan 2/3/2020

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