



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.

of BLA map

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:

\$740.00	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
\$1,540.00	Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): <div style="text-align: center; font-size: 2em; font-family: cursive;">KB</div>	DATE: <div style="text-align: center; font-size: 1.5em;">12-1-20</div>	RECEIPT # <div style="text-align: center; font-size: 1.5em;">CD20-03356</div>	<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">DEC 01 2020</div> <div style="font-size: 1.2em; 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: 03-30-2020

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: United States Bureau of Reclamation
Mailing Address: 1917 Marsh Road
City/State/ZIP: Yakima WA 98901
Day Time Phone: 509-406-5078 (Leah Hendrix) 509-306-5946 (Jeanne Demorest)
Email Address: LHendrix@usbr.gov JDemorest@usbr.gov

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: NNA Umptanum Road
City/State/ZIP: Ellensburg WA 98926

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

See attached legal description and Parcel Numbers

6. Property size: See attached BLA Map including before and after _____ (acres)

7. Land Use Information: Zoning: Urban Res/Gen Industrial Comp Plan Land Use Designation: Urban

8. Existing and Proposed Lot Information

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

LOT NUMBER	PARCEL ID
2	17146
3	17147
4	17148
8	17152
9	17153
13	218733
14	17157
15	17158
21	738633

LOT AREAS - ACRES		
	BEFORE	AFTER
2	10.0	13.0
3	8.2	5.2
4	7.4	7.0
8	9.3	8.8
9	7.6	11.6
13	15.9	11.9
14	15.6	16.1
15	15.1	15.5
21	33.8	34.0

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 TALMADGE Digitally signed by TALMADGE OXFORD (date) _____
Date: 2020.11.23 11:03:50 -07'00'

X *Columbia Cascades* (date) _____
Area Manager Area office

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: _____