7. **Land Use Information:** Zoning: __AG-5__   Comp Plan Land Use Designation: <u>Rural Residential</u>

8. **Existing and Proposed Lot Information**

Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol. ____, Pg ____)
10216 - 7.802 acres	10216 - 7.802 acres
10565 & 10215 - 15.274 acres	10565 & 10215 - 15.274 acres

APPLICANT IS: _x_ 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:
(REQUIRED if indicated on application)
X _____ (date) 8/22/2023
Sam Ward

Signature of Land Owner of Record
(Required for application submittal):
X _____ (date) 8-23-23
Christine Chafin

Signature of Land Owner of Record
(Required for application submittal):
X _____ (date) 8/23/23
John Chafin

Signature of Land Owner of Record
(Required for application submittal):
X _____ (date) 8-23-23
Geraldine Dawson

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: _Pd in Full_   By: _____   Date: 12/11/23

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: _____