



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTITAS.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, wetlands, streams, 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:**

\$810.00	Kittitas County Community Development Services (KCCDS)
\$1,215.00*	Kittitas County Public Works
\$145.00	Kittitas County Fire Marshal
\$205.00	Kittitas County Public Health Department Environmental Health

**\$2,375.00 Total fees due for this application** (One check made payable to KCCDS)

\*5 hours of review included in Public Works Fee. Additional review hours will be billed at \$243 per hour.

**FOR STAFF USE ONLY**

Application Received By (CDS Staff Signature): 	DATE: 	RECEIPT # 	<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 5px;">SEP 25 2023</div> <div style="font-size: 0.8em; margin-top: 5px;">Kittitas County CDS</div> <div style="font-size: 0.8em; font-weight: bold; margin-top: 5px;">DATE STAMP IN BOX</div>
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**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: SUNCADIA RESORT LLC  
Mailing Address: 770 SUNCADIA TRAIL  
City/State/ZIP: CLE ELUM, WA 98922  
Day Time Phone: O) 509.649.6119 C) 509.607.6807  
Email Address: Lathan Wedin <lwedin@suncadia.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: Same as Landowner  
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: Rhoda Crispin of Lathrop, Winbauer, Harrel & Slothower, LLP  
Mailing Address: 415 East Mountain View Ave., Suite 302  
City/State/ZIP: Ellensburg, WA 98926  
Day Time Phone: 509-925-5622  
Email Address: rcrispin@lwhsd.com

**4. Street address of property:**

Address: Liberty Bell Ln  
Cle Elum WA 98922  
City/State/ZIP: \_\_\_\_\_

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

Lots 17-71, 17-72, 17-73, 17-74, and 17-75, of SUNCADIA - PHASE 3 DIVISION 17 (TUMBLE CREEK), in the County of Kittitas, State of Washington, as per plat thereof recorded in Book 13 of Plats, pages 215 through 228, records of said county.

**6. Property size:** 4.023 acres (acres)

**7. Land Use Information:** Zoning: MPR Comp Plan Land Use Designation: Rural Recreation

**8. Existing and Proposed Lot Information**

Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol. ____, Pg ____)
20-14-15050-1771 \ P#962442   *0.757 ac (**0.76 a)	Parcel A: 1.017 ac
20-14-15050-1772 \ P#962443   *0.782 ac (**0.78 a)	Parcel B: 1.082 ac
20-14-15050-1773 \ P#962444   *0.839 ac (**0.84 a)	Parcel C: 1.064 ac
20-14-15050-1774 \ P#962445   *0.871 ac (**0.87 a)	Parcel D: 0.860 ac
20-14-15050-1775 \ P#962446   *0.774 ac (**0.77 a)	

\*per recorded plat / \*\*per Property reports

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:

(REQUIRED if indicated on application)

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

Signature of Land Owner of Record

Suncadia Resort LLC, a Delaware limited liability company By its Managing Member, LCIF Suncadia LLC, a Delaware limited liability company

(Required for application submittal):

X  (date) 9/14/2023

X  (date) 9/18/2023

**THIS FORM MUST BE SIGNED BY COMMUNITY DEVELOPMENT SERVICES AND THE TREASURER'S OFFICE PRIOR TO SUBMITAL 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: \_\_\_\_\_