

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, 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):

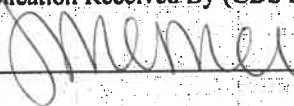
- Full year's taxes to be paid in full.
- Draft Final Survey meeting all conditions of Conditional Preliminary Approval.

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: 12-10-23	RECEIPT # C023-02970 VL-23-00028	<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">DEC 06 2023</div> <div style="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: 04-04-2023

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: Anthony J. McCormick, Trustee of the Greenfield Estates Trust
Mailing Address: 1201 Third Avenue, Suite 4900
City/State/ZIP: Seattle, WA 98101
Day Time Phone: 206.359.6649
Email Address: amccormick@perkinscoie.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: Encompass Engineering & Surveying
Mailing Address: 407 Swiftwater Blvd.
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: 509-674-7433
Email Address: DPierce@Encompasses.net

4. Street address of property:

Address: 401 Cabin Trail Drive & 381 Cabin Trail Drive
City/State/ZIP: Cle Elum, WA 98922

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

(Parcel 951293) Lot 12-22, Phase 3, Div. 12, Suncadia (Tumble Creek) & a portion of Tract OS-9, Phase 3, Div. 11, Suncadia (Tumble Creek) and (Parcel 951294) Lot 12-23, Phase 3, Div. 12, Suncadia (Tumble Creek)

6. Property size: (Parcel 951293) 0.22 Acres (Parcel 951294) 0.23 Acres _____ (acres)

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

8. Existing and Proposed Lot Information

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

New Acreage
(Survey Vol. ____, Pg ____)

951293 (20-14-23051-1222) 0.22 AC.

0.25 AC.

951294 (20-14-23051-1223) 0.23 AC.

0.20 AC.

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 _____ (date)

X  (date) 11/30/23

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: _____