KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506 Fax (509) 962-7682

LARGE LOT APPLICATION

("Large lot subdivision" means any subdivision of land into two or more lots or parcels the smallest of which is twenty (20) acres or greater.)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO K.CC 15A.03.030, 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

- Five large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5"x11"copy.
- Address list of all landowners within 500 feet of the subject parcel(s). If adjoining parcels are owned by the applicant, then the 500 foot area shall extend from the farthest parcel. If the parcel is within a subdivision with a Homeowners or Road Association, then please include the mailing address of the association.

OPTIONAL ATTACHMENTS

(Optional at preliminary submittal, but required at the time of final submittal)

- Certificate of Title (Title Report)
- Computer lot closures

APPLICATION FEES: \$190 plus \$10 per lot for Public Works Department; \$380 plus \$75 per hour over 4 hrs. for Environmental Health Department; \$450 for Community Development Services (One check made payable to KCCDS)

EOD STAFF HSF ONLY

	FUR STAFF USE	UNLI	e a i e
APPLICATION RECEIVED BY (CDS STAFF SIGNATURE)	DATE: 2.26.08	receipt # <u>056057</u>	DATES 2008 MARS CO.
NOTES:			EUS J

1.	Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form.				
	Name:	Matt Coe			
	Mailing Address:	721 THOMAS ROAD			
	City/State/ZIP:	ELLENSBURG, WA 98926			
	Day Time Phone:	509-929-1386			
	Email Address:				
2.	Name, mailing address and day phone of authorized agent (if different from land owner 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.	Street address of prop	reet address of property:			
	Address:	983 Rader Road			
	City/State/ZIP:	Ellensburg, WA 98926			
4.	Legal description of p	roperty:			
	**************************************	IN SURVEY AS RECORDED JUNE 24, 2003, IN BOOK 29 OF SURVEY 240041, RECORDS OF KITTITAS COUNTY, WASHINGTON; BEING A F R OF SECTION B, TOWNSHIP 18 NORTH, RANGE 19 EAST, W.M., IN T	PORTION OF THE MONTHEADT GOARTER		
5.	Tax parcel number(s): 18-19-08010-0004 (574234)				
6.	Property size: 54.29)	(acres)		
7.	Narrative project description: Please include 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 (be specific, attach additional sheets as necessary):				
	See attached				
8.	Are Forest Service roads/easements involved with accessing your develop Yes No (Circle) If yes, explain:		PEB 26 2008		

KITTITAS COUNTY CDS

9.	Rader Road	ment be accessing it out.			
10.	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.				
All correspondence and notices will be mailed to the Land Owner of Record and copies sent to the authorized agent.					
	re of Authorized Agent: RED if indicated on application	Date:			
X					
	are of Land Owner of Record: seed for application submittal)	Date:			
X					

FEB 26 2000

KITTITAS COUNTY

Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar with 11. 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.

Signature of Authorized Agent:

Signature of Land Owner of Record:

(Required for application submittal)

Date: /-/4-/50

FEB 26 7000

KITTITAS COUNTY