LP.19.00004



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

"Building Partnerships - Building Communities"

LONG PLAT AMENDMENT APPLICATION

(For proposed alteration or vacation, per KCC Title 16)

A <u>preapplication conference</u> is **REOUIRED** if proposing more than nine (9) lots per KCC 15A.03.020 for this permit. The more information the County has early in the development process, the easier it is to identify and work through issues and conduct an efficient review. To schedule a preapplication conference, complete and submit a Preapplication Conference Scheduling Form to CDS. Notes or summaries from preapplication conference should be included with this application.

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

- Eight large copies of plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5" x 11" copy
- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
 - o Please pick up a copy of the SEPA Checklist if required)
- Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS

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

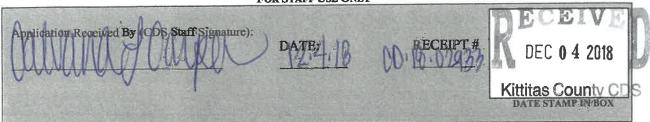
- ☐ Certificate of Title (Title Report)
- Computer lot closures

***Final plat application and associated fees will be required at time of request for final plat processing. Please see the final plat application for current fees.

APPLICATION FEES:

\$4,840.00	Kittitas County Community Development Services (KCCDS) *Preliminary Plat Fee
\$630.00	Kittitas County Department of Public Works
\$524.00	Kittitas County Fire Marshal
	Kittitas County Public Health
\$6,964.00	Total fees due for this application submittal (One check made payable to KCCDS)

FOR STAFF USE ONLY



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:	See Attachment A	_	
	Mailing Address:		_	
	City/State/ZIP:		_	
	Day Time Phone:	71-75-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	_	
	Email Address:		_	
2.	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.			
	Agent Name:	Terra Design Group Inc. Chad Bala	-	
	Mailing Address:	PO Box 686	_	
	City/State/ZIP:	Cle Elum WA 98922	-	
	Day Time Phone:	509-607-0617	ia.	
	Email Address:	bala.ce@gmail.com	-	
3.	Name, mailing address a lf different than land own	and day phone of other contact person per or authorized agent.		
	Name:		5	
	Mailing Address:	·	=	
	City/State/ZIP:		-	
	Day Time Phone:		ž.	
	Email Address:			
4.	Street address of proper	rty:		
	Address:	See attachment A	k.	
	City/State/ZIP:			
5.	Legal description of pro	perty (attach additional sheets as necessary):		
6.	Tax parcel number:	See Attachment A		
7.	Property size:Total A	cres estimated at 8	(acres)	
8.	Land Use Information:			
	Zoning: A-5	Comp Plan Land Use Designation:R	ural Residential	

Page 2 of 3

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9.	Narrative project description (include as at your description: describe project size, location proposal; include every element of the proposal	tachment): Please include at minimum the following information in on, water supply, sewage disposal and all qualitative features of the lin the description. See Attachment C
10.	Are Forest Service roads/easements involved If yes, explain:	l with accessing your development? Yes No (Circle)
11.	What County maintained road(s) will the de	velopment be accessing from? Reecer Creek Road & W. Bowers Road THORIZATION
	the information contained in this application, a true, complete, and accurate. I further certify hereby grant to the agencies to which this applications inspect the proposed and or completed work.	horize the activities described herein. I certify that I am familiar with and that to the best of my knowledge and belief such information is that I possess the authority to undertake the proposed activities. I plication is made, the right to enter the above-described location to ad to the Land Owner of Record and copies sent to the authorized
	ure of Authorized Agent: UIREP if indicated on application)	Date: 11. 29-18
	ure of Land Owner of Record red for application submittal):	Date: \\\\30/18





PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

Ct description (include as attachment):

(description (include as attachment):

9,	Narrative project description (include as attachment): Please include at minimum district swing 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. See Attachment C
10.	Are Forest Service roads/easements involved with accessing your development? Yes No (Circle) If yes, explain:
11.	What County maintained road(s) will the development be accessing from? Reecer Creek Road & W. Bowers Road
	AUTHORIZATION
12.	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.
	ll correspondence and notices will be transmitted to the Land Owner of Record and copies sent to the authorized tent or contact person, as applicable.
	ure of Authorized Agent: Date:
x	UIRED if indicated on application)
	ure of Land Owner of Record ired for application submittal): Date:
x	Fred Numi 12-2-18 607#1
Ca	rrie h. Niemi 12.2-20/8 bot#1
B	thy Dalcom 1.2-2-2018 Cor#4
M	enty Balum 12.2.18 lor#4
	e 12/2/18 Loi #6
	un Manuel 12/2/18/20+#4
	Shure tineh 12-2-2018 LOT #7
W	illim & Find 12(-2-2018
6	the Str 17/2/18/10+#5
X	Nockenje Sterket 12/2/18 10+#5
	Mu Junan 12/2/2018 Indy 2 Homan 12/2/18 Lot #8
V	May & Athress

ATTACHMENT LIST

Attachment A. Names, Addresses, and Parcel Numbers of Palomino Fields

Division 1 Lot owners.

Attachment B. Updated Subdivision Guarantee includes previously recorded

plat maps.

Attachment C. Narrative/Project Description.

Attachment D. New Plat Alteration Map

Attachment E. Palomino Fields Water System Approval

Attachment F. Septic Permits

Attachment G. Existing SEPA MDNS

DEC 0 4 sour

Kittitas County CDS