



KITITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITITITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

"Building Partnerships – Building Communities"

LONG PLAT APPLICATION

(To divide lot into 5 or more lots, per KCC Title 16)

*A **preapplication conference is REQUIRED 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

- 2 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

APPLICATION FEES:

\$4,460.00 Kittitas County Community Development Services (KCCDS) *Preliminary Plat Fee

\$1,020.00 Kittitas County Department of Public Works

\$524.00 Kittitas County Fire Marshal

\$970.00 Kittitas County Public Health

\$6,974.00 Total fees due for this application submittal (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

Handwritten signature

DATE:

3-1-19

RECEIPT #

CD 9-00410

RECEIVED
MAR 01 2019
Kittitas County CDS
DATE STAMP IN BOX

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: Brianne Kelsey
Mailing Address: 770 Suncadia Trail
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: (509) 649-6000
Email Address: bkelsey@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: F. Steve Lathrop LWHSD
Mailing Address: P.O. Box 1088
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: 509-925-6916
Email Address: steve@lwhsd.com

3. **Name, mailing address and day phone of other contact person**
If different than land owner or authorized agent.

Name: _____
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

4. **Street address of property:**

Address: Extension of Tumble Creek Drive, northwest of Phase 3 Division 9
City/State/ZIP: Cle Elum, WA 98922-8717

5. **Legal description of property (attach additional sheets as necessary):**
See Preliminary Plat Documents

6. **Tax parcel number:** Portion of: 20-14-14000-0002, -0009, & -0010; -14050-0016 & -0018; and -15000-0002 & -0005

7. **Property size:** 293.03 (acres)

8. **Land Use Information:**

Zoning: Master Planned Resort Comp Plan Land Use Designation: Resort Residential

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9. **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.
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?**
Bullfrog 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.

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: Date:
(REQUIRED if indicated on application)

Signature of Land Owner of Record (required for application submittal):

NEW SUNCADIA, LLC,
A Delaware Limited Liability Company

By: Suncadia Operating Member, LLC,
A Delaware Limited Liability Company,
Its: Managing Member

By: LDD Suncadia Manager, Inc.,
A Delaware Corporation
Its: Manager


By Gary Kittleson: _____ Date 2/6/19
Its: VICE PRESIDENT


By Roger Beck: _____ Date
Its: SENIOR VICE PRESIDENT