LP-23-00003



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"

LONG PLAT APPLICATION

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

A <u>preapplication conference is REQUIRED if proposing more than nine (9) lots</u> 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

Two large copies of plat with all preliminary drawing requirements complete (refere Code for plat drawing requirements) and one small 8.5" x 11" copy	nce KCC Title 16 Subdivision
SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)	
 Please pick up a copy of the SEPA Checklist if required) 	SEIMEN
Project Narrative responding to Questions 9-11 on the following pages.	DECE DE LE
OPTIONAL ATTACHMENTS	101 3 8 2023 P
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 Certificate of Title (Title Report) Computer lot closures	l submittail L 0 2020
	CDS
Certificate of Title (Title Report)	Wittitas County CDS
Computer lot closures	Killias

***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:

\$1,215.00*	Kittitas County Public Works
\$524.00	Kittitas County Fire Marshal
\$530.00	Kittitas County Public Health
\$5,459.00	Total fees due for this application when SEPA is not required (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. Fees due for this application when SEPA is required (SEPA fee: \$1,810.00)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):	DATE: 125	RECEIPT#	
			DATE STAMP IN BOX





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REQUIRED ATTACHMENTS

· AD	
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CB	SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
	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:

\$2,960.00 Kittitas County Community Development Services (KCCDS) *Preliminary Plat Fee	
\$1,215.00* Kittitas County Public Works	
\$524.00 Kittitas County Fire Marshal	
\$530.00 Kittitas County Public Health	
\$5,229.00 Total fees due for this application submittal (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): M23-01675 DATE STAMP IN BOX

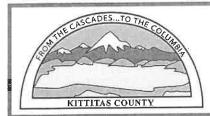
GENERAL APPLICATION INFORMATION

1.	Name, mailing addre Landowner(s) signatu	ess and day phone of land owner(s) of record: ore(s) required on application form.	
	Name:	Louise McAllister Trust, dated Novem	ber 3, 2022
	Mailing Address:	4731 SW Birdsong Dr.	
	City/State/ZIP:	Corvalis, Oregon 97333	_
	Day Time Phone:	206-551-7598	_
	Email Address:	loumcal@me.com	_
2.	Name, mailing addre	ss and day phone of authorized agent, if different from land is indicated, then the authorized agent's signature is required.	downer of record: for application submittal.
	Agent Name:		4)
	Mailing Address:		-
	City/State/ZIP:		-
	Day Time Phone:		-
	Email Address:		
3.	Name, mailing addres	ss and day phone of other contact person wner or authorized agent.	
	Name:	John Everett	
	Mailing Address:	33400 8th Ave South, Ste 205	
	City/State/ZIP:	Federal Way, WA 98003	
	Day Time Phone:	253-838-6113	
	Email Address:	John.Everett@esmcivil.com	
4.	Street address of prop	erty:	
	Address:	590 Yellowstone Rd	
	City/State/ZIP:	Snoqualmie Pass, WA 98068	
5.	707835- ACRES 10.58, CE	roperty (attach additional sheets as necessary): 0. 5484-B; SEC. 9; TWP. 22; RGE. 11; NE 1/4 NE 1/4 TAX NO. 52; 6460; SEC. 9; TWP. 22; RGE. 11; NE1/4 NE1/4 TAX 13	
6.		07835 and 747835	
7.	Property size:	11.27	(acres)
8.	Land Use Information:		
	Zoning: LAMIRD Ty (Residentia		IIRD (Local Areas of More ase Rural Development)

Page 2 of 3

PROJECT NARRATIVE
(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9.	Narrative project description (include as your description: describe project size, loca proposal; include every element of the proposal.	attachment): Please include at minimum the following information in tion, water supply, sewage disposal and all qualitative features of the sal in the description. Please see the attached Project Narrative.
10.	Are Forest Service roads/easements involv If yes, explain:	ed with accessing your development? Yes No (Circle)
11.	What County maintained road(s) will the o	levelopment be accessing from? Yellowstone Road.
	<u>A</u>	UTHORIZATION
12.	complete, and accurate. I further certify that grant to the agencies to which this application proposed and or completed work.	uthorize the activities described herein. I certify that I am familiar with and that to the best of my knowledge and belief such information is true, I possess the authority to undertake the proposed activities. I hereby is made, the right to enter the above-described location to inspect the
or or	correspondence and notices will be transmitted contact person, as applicable.	d to the Land Owner of Record and copies sent to the authorized agent
Signatı (REQU	ure of Authorized Agent: JIRED if indicated on application)	Date:
X		
Requir	re of Land Owner of Record red for application submittal):	Date:
x <u> </u>	wire to Mcallister Trustee	06/09/2023



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

Receipt Number: CD23-01675

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

509-962-7506 / https://www.co.kittitas.wa.us/cds/ /

Payer/Payee: LOUISE MCALLISTER TRUST

4731 SW BIRDSONG DR CORVALLIS OR 97333-1495 Cashier: GAIL WEYAND CDS

Date: 07/05/2023

Payment Type: CHECK (1025)

Fee Description	Fee Amount	Amount Paid	Fee Balance
Long Plat (Fire)	\$524.00	\$524.00	\$0.00
Preliminary Plat (Health)	\$530.00	\$530.00	\$0.00
Preliminary Plat (Public Works) - One (1) Civil Review	\$1,215.00	\$1,215.00	\$0.00
Preliminary Plat	\$3,190.00	\$3,190.00	\$0.00
LP-23-00003 TOTALS:	\$5,459.00	\$5,459.00	\$0.00
TOTAL PAID:		\$5,459.00	