

## 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

## LONG PLAT APPLICATION

(To divide lot into 5 or more lots)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CALL THE DEPARTMENT IF YOU WOULD LIKE TO SET UP A MEETING TO DISCUSS YOUR PROJECT. INCOMPLETE APPLICATIONS WILL **NOT** BE ACCEPTED.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS APPLICATION PACKET:

REQUIRED ATTACHMENTS	
<ul> <li>Ten 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</li> <li>Address list of all landowners within 500 feet of the site's tax parcel. If adjoining parcels are owned by the applicant the 500 feet extends from the farthest parcel. If the parcel is within a subdivision with a Homeowners or Road Association, please include the address of the association.</li> <li>SEPA Checklist (Only required if your subdivision consists of 9 lots or more.</li> <li>Please pick up a copy of the Checklist if required)</li> </ul>	t,
OPTIONAL ATTACHMENTS  (Optional at preliminary submittal, but required at the time of final submittal)  Certificate of Title (Title Report)  Computer lot closures	
\$200 plus \$10 per lot for Public Works Department; \$625 plus \$75 per hour over 12.5 hours for Environmental Health Department; \$1500 for Community Development Services Department, PLUS \$225 if SEPA Checklist is required  *One check made payable to KCCDS	

## FOR STAFF USE ONLY

APPLICATION RECEIVED BY SIGNATURE:	DATE:	RECEIPT#	RECEIVED
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**	rame, maining address and day phone of land owner(s) of record:	
	Name: Eli Shoval	
	Mailing Address: 8444 SE 63rd St.	
	City/State/ZIP: Mercer Island, wa 98	040
	Day Time Phone: (206) 930-3120	
	Email Address:	<u> </u>
2.	Name, mailing address and day phone of authorized agent (if different	from land owner of record).
	Agent Name: Stephan O. Fjelstad	58
	Mailing Address: 25 Central Way Ste.	
	City/State/ZIP: Kiruland, WA 98033-	
	Day Time Phone: (425) 889-5191	
	Email Address; stephanfjelstad@leahyp	
3.	Contact person for application (select one):  Owner of record Authorized agent All verbal and written contact regarding this application will be made only	with the contact person.
4.	Street address of property:	
	Address: Woods & Steele Rd	
	City/State/ZIP: Clz Elum, w4 98922	
5.	Legal description of property: <u>fortion of Section 7</u> ,	T. 19 N., R. 15 E.
6.	Tax parcel number(s):	
7.	Property size: 21.00 (acres)	
8.	Narrative project description: Please include the following information location, water supply, sewage disposal and all qualitative features of the proposal in the description (be specific, attach additional sheets as necessary	proposal include 1
	7 lot plat w/ Group B water sy individual Septic systems	stem é
0	Aro Forest Comit	
9. 2 OF 3	Are Forest Service roads/easements involved with accessing your developm	ent? Yes (No )Circle)

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A. P. C.	If yes, explain			*
	What County maintained road(s) will the develo	opment be recessing from?	sheed learn De and	
	Application is hereby made for pennit(s) to out the information contained in this application, a true, complete, and accounts. I fluther certify hereby grant to the agencies to which this app inspect the proposed and or completed work.	and that to the bast of my knowle that I resease the authority to b	tige and belief such information is	
Signature		Date:		
Signature (Require	s of Lend Owder of Record d for application submitted :	Date:	*	
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