LP-08-00012



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 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 KCC 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
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 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. SEPA Checklist (Only required if your subdivision consists of 9 lots or more. Please pick up a copy of the Checklist if required)
OPTIONAL ATTACHMENTS (Optional at preliminary submittal, but required at the time of final submittal)

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

Certificate of Title (Title Report) Computer lot closures

FEES:

\$200 plus \$10 per lot for Public Works Department; \$625 plus \$75 per hour over 12.5 hours for Environmental Health Department; \$2000 for Community Development Services Department, <u>PLUS</u> \$400 if SEPA Checklist is required *One check made payable to KCCDS

	FOR STAFF	USE ONLY	
APPLICATION RECEIVED BY: CDS STAFF SIGNATURE)	DATE;	RECEIPT#	
x Vakbay ()	4/8/08	404	DATESE
NOTES:			Minuas County

٠	1. Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form.					
		Name:	Donald S. Gerard			
		Mailing Address:	393 Nina Lane			
		City/State/ZIP:	Eastround, wA 98245			
		Day Time Phone:	(360) 376 - 3009			
		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:	Chuck Coure / Course i Assoc.			
		Mailing Address:	P.O. 80x 959			
		City/State/ZIP:	Ellensburg, wax 98926			
		Day Time Phone:	(509) 962-8242			
		Email Address;				
3.		Street address of proj	perty:			
		Address:	Tipton Read			
		City/State/ZIP:	- Tipton Read Ellewberg, L. A 98926			
4.		Legal description of p	roperty: Lots Al, AZ, BI & BZ of BK I of Shart plate, pgs 52-53			
5.			18-18-14057 - 6007 - 6007 - 6009			
6.		Property size:	0.65 Az. (acres)			
7.		Narrative project deso location, water supply, proposal in the descripti	ription: Please include the following information in your description: describe project size sewage disposal and all qualitative features of the proposal; include every element of the on (be specific, attach additional sheets as necessary):			
		8	16t plat w/ individual wells and teptic systems			

8.	Are Forest Service roads/easements involved with a If yes, explain:	ccessing your development? Yes No (Circle)			
9.	What County maintained road(s) will the development	ent be accessing from? Tipten Read			
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. **Trespondence and notices will be mailed to the Land Owner of Record and copies sent to the authorized agent.				
Signatur	re of Authorized Agent: IRED if indicated on application)	Date:			
x lle	ules A. Cruse, y.	4-7-08			
(Requir	re of Land Owner of Record ed for application submittal):	Date: / ,			

