



# 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 APPLICATION

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

Alteration

A **pre-application meeting** is required if **over nine lots** will be created by the proposed subdivision. To schedule a pre-application meeting, complete and submit a "Pre-Application Meeting Scheduling Form" to CDS. Notes or summaries from pre-application meetings 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)
  - 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:

3,335.00	Kittitas County Community Development Services (KCCDS)
602.00	Kittitas County Department of Public Works
524.00	Kittitas County Fire Marshal
625.00	Public Health Proportion (Additional fee of \$75/hour over 12.5 hours)
<b>\$5,086.00</b>	<b>Total fees due for this application (One check made payable to KCCDS)</b>

### FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): 	DATE: <u>8/2/11</u>	RECEIPT # <u>11792</u>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center; margin: 0;">RECEIVED</p> <p style="text-align: center; margin: 0;">AUG 02 2011</p> <p style="text-align: center; margin: 0;">KITTITAS COUNTY CDS</p> <p style="text-align: center; margin: 0;">DATE STAMP IN BOX</p> </div>
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**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: PACIFIC NORTHWEST ASSN of CHURCH OF GOD  
Mailing Address: 3806 W NOB HILL BLVD, STE 104  
City/State/ZIP: YAKIMA, WA 98902  
Day Time Phone: 509-494-4199  
Email Address: \_\_\_\_\_

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: LLOYD MORITZ or CHARLES BROWN  
Mailing Address: 3806 W. NOB HILL BLVD, STE 104  
City/State/ZIP: YAKIMA, AK 98902  
Day Time Phone: 509-494-4199 or 509-656-2304  
Email Address: \_\_\_\_\_

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

Name: CHARLES F. BROWN  
Mailing Address: 620 TALL TIMBER TR (POBox 98)  
City/State/ZIP: EASTON, WA 98925  
Day Time Phone: 509-656-2304  
Email Address: director@doublek.org.

4. **Street address of property:**

Address: 620 TALL TIMBER TR  
City/State/ZIP: EASTON, WA 98925

5. **Legal description of property (attach additional sheets as necessary):**  
\_\_\_\_\_

6. **Tax parcel number:** 20-14-19050-0018 thru 0036

7. **Property size:** 99.75 (acres)

8. **Land Use Information:**

Zoning: R-3 + Ag-3 Comp Plan Land Use Designation: \_\_\_\_\_



**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?** EAST RAILROAD ST

**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:  
(REQUIRED if indicated on application)

Date:

X Charles F Brown

5-24-11

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

Date:

X [Signature]  
Executive Director, PWA

7/29/11