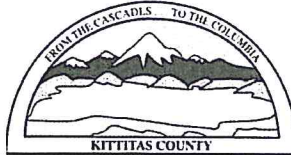


CP-16-00004



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"

**PARCEL COMBINATION APPLICATION**

*(The process of combining two or more parcels, per KCC Title 16)*

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**

Note: a separate application must be filed for each combination request.

- Unified Site Plan of existing lot lines and proposed lot lines with distances of all existing structures, access points, well heads and septic drainfields.
- Signatures of all property owners.
- Legal descriptions of the proposed lots.
- Project narrative description including at minimum the following information: project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- Tax Receipt (full-year taxes must be paid in full) *check was sent 7/11/16 for both lots*
- 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)

**OPTIONAL ATTACHMENTS**

- An original survey of the current lot lines. (Please do not submit a new survey of the proposed adjusted or new parcels until after preliminary approval has been issued.)
- Assessor Compas Information about the parcels.

**APPLICATION FEE:**

\$540.00 Community Development Services

**\$540.00 Total fees due for this application** (Check made payable to KCCDS)

**FOR STAFF USE ONLY**

APPLICATION RECEIVED BY:  
(CDS STAFF SIGNATURE)

X *[Signature]*

DATE: 7/18/16

RECEIPT # 30780

**RESERVED**

**JUL 13 2016**

DATE STAMP HERE

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT

FORM LAST REVISED: 12-30-15

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: CDB Properties LLC (Chad Bagley Managing Member)

Mailing Address: 91 Fraser Dr

City/State/ZIP: Pasco WA 99301

Day Time Phone: 509-947-4878

Email Address: chad@bagleylandscape.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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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: N/A

City/State/ZIP: Ronald WA

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

Acres .43 Pine Loch' Sun II Lot 4; Block J Sec. 2; TWP.20; RGE. 14 (Must Be Sold with 20-14-01000-0001m P#12063 Acres 1.26, CD. 5813-1, TWP. 20,RGE. 14; PTN. NW1/4

6. **Tax parcel numbers:** 12063 and 012134

7. **Property size:** .43 +1.26 (acres)

8. **Land Use Information:**

Zoning: Rural Rec.

Comp Plan Land Use Designation: Rural Rec

9. Existing and Proposed Lot Information:

Original Parcel Numbers & Acreage

New Acreage (1 parcel number per line)

(Survey Vol. \_\_\_\_, Pg \_\_\_\_)

20-14-01000-0001 - 1.26ac.  
20-14-02051-1004 - .43ac.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT IS:  OWNER  PURCHASER  LESSEE  OTHER

**AUTHORIZATION**

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.

**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)

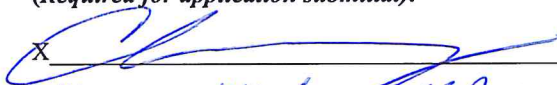
Date:

X \_\_\_\_\_

\_\_\_\_\_

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

Date:

X   
Managing Member *CVB Properties LLC*

7/15/16

**Treasurer's Office Review**

Tax Status: 2016 Taxes PD  
IN FULL

By: Ceci Rohlme

Date: 7/20/16

Kittitas County Treasurer's Office

**Approved as submitted by Community Development Services**

Planner: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_