

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: Gilbert & Michael Dale Knotts
Mailing Address: 321 N 84th
City/State/ZIP: YAKIMA WA. 98908
Day Time Phone: 509 969 3325
Email Address: gilbert.knotts@gmail.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: 611 Little Creek Rd.
City/State/ZIP: CLE ELUM WA.

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

SEE ATTACHED SHEETS

6. Tax parcel numbers: 012934, 022934, 222934, 232934, 242934, 252934

7. Property size: 1.05 (acres)

8. Land Use Information:

Zoning: Rural 5 Comp Plan Land Use Designation: Rural Residential

9. Existing and Proposed Lot Information:

Original Parcel Numbers & Acreage

New Acreage (1 parcel number per line)

(Survey Vol. ____, Pg ____)

012934 .17
 022934 .16
 222934 .20
 232934 .17
 242934 .17
 252934 .18

1.05

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

14 FEB 2017

Michael D. K. #

Treasurer's Office Review

Tax Status: 2017 Paid in Full

By:

Date: 3-10-2017

Kittitas County Treasurer's Office

NO structures, no septic, no well
 combining so well, septic, and home can be
 installed.