



# 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) 2018 TAXES PAID IN FULL

  SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)

  PAID IN FULL

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  - 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.

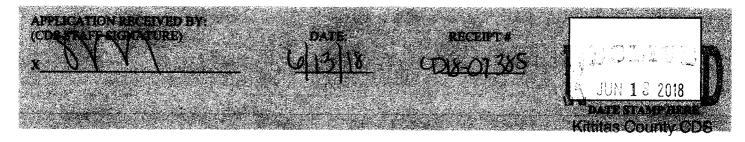
#### APPLICATION FEE:

\$540.00 Community Development Services

\$150.00 **Public Works** 

\$690.00 Total fees due for this application (Check made payable to KCCDS)

## FOR STAFF USE ONLY



# **GENERAL APPLICATION INFORMATION**

••		re(s) required on application form.		
	Name:	TOM VARGA		
	Mailing Address:	2107 BONAIR DRIVE		
	City/State/ZIP:	SEATTLE WA 98116		
	Day Time Phone:	425-766-8448		
	Email Address:	TOM@TEAMVARGA.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:	ENCOMPASS ENGINEERING & SURVEYING		
	Mailing Address:	407 SWIFTWATER BLVD		
	City/State/ZIP:	CLE ELUM WA 98922		
	Day Time Phone:	509-674-7433		
	Email Address:	GWEISER@ENCOMPASSES.NET		
4.	Street address of pro	perty:		
	Address:	MORGAN CREEK ROAD		
	City/State/ZIP:	RONALD WA 98940		
5.	LŎT 1 & LÔT 4, WÊ	property (attach additional sheets as necessary): STERN INVESTMENT GROUP PLAT, P-06-47, BOOK 11 O LOCATED IN THE SW 1/4 OF SECTION 16, TOWNSHIP 21	F PLATS, N., RANGE 14 E.	
6.	Tax parcel numbers:	954985 (21-14-16061-0001) & 954988 (21-14-16061-0004)		
7.	•	3.72 ACRES & 3.02 ACRES		
8.	Land Use Information:			
	Zoning: SEE ATTAC	CHED Comp Plan Land Use Designation:	SEE ATTACHED	

9.	Existing and Proposed Lot Information:	
	Original Parcel Numbers & Acreage	New Acreage (1 parcel number per line)
		(Survey Vol, Pg)
	954985 (21-14-16061-0001) 3.72 AC.	6.74 ACRES
	954988 (21-14-16061-0004) 3.02 AC.	
	APPLICANT IS: OWNER PURC	CHASER LESSEE OTHER
	<u>Auti</u>	HORIZATION
10. <u>Ali</u> <u>ag</u>	with the information contained in this applic information is true, complete, and accurate. proposed activities. I hereby grant to the age above-described location to inspect the propose	horize the activities described herein. I certify that I am familiar action, and that to the best of my knowledge and belief such I further certify that I possess the authority to undertake the encies to which this application is made, the right to enter the d and or completed work.  It to the Land Owner of Record and copies sent to the authorized
(REQU	ure of Authorized Agent: UIRED if indicated on application)	Date:
Signatı ( <i>Requi</i> i	ure of Land Owner of Record red for application submittal):	Date:
	Treasure	r's Office Review
Tax Sta	atus: By:	Date:
	Kittitas	s County Treasurer's Office