

CB-19-00021



**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)
- 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:**

\$550.00 Community Development Services

\$150.00 Public Works

**\$700.00 Total fees due for this application (Check made payable to KCCDS)**

**FOR STAFF USE ONLY**

APPLICATION RECEIVED BY: (CDS STAFF SIGNATURE)	DATE:	RECEIPT #	
X <u>Mally Rethel</u>	<u>11/13/19</u>	<u>CD19-03097</u>	

**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: Gregg & Deborah Saretsky  
Mailing Address: 2925 165th Avenue SE  
City/State/ZIP: Bellevue, WA 98008-5631  
Day Time Phone: \_\_\_\_\_  
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: Swiftwater Custom Homes - Jeff Hansell  
Mailing Address: 411 Swiftwater Blvd. Suite 115  
City/State/ZIP: Cle Elum, WA 98922  
Day Time Phone: 509-674-6569 Office 509-572-7721 Cell  
Email Address: jeff@swiftwatercustomhomes.com

**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: DPierce@EncompassES.net

**4. Street address of property:**

Address: Tired Creek Lane  
City/State/ZIP: Cle Elum, WA 98922

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

Lot 8 & Lot 9, Phase 3, Division 14, Suncadia (Tumble Creek)  
Section 23, Township 20 North, Range 14 East

**6. Tax parcel numbers:** 960841 (20-14-23052-0008) & 960842 (20-14-23052-0009)

**7. Property size:** 0.32 Acres & 0.33 Acres (acres)

**8. Land Use Information:**

Zoning: Master Planned Resort      Comp Plan Land Use Designation: Rural Recreation

9. Existing and Proposed Lot Information:

Original Parcel Numbers & Acreage

New Acreage (1 parcel number per line)

960841 (20-14-23052-0008) 0.32 Ac.

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

0.65 Acres

960842 (20-14-23052-0009) 0.33 Ac.

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)

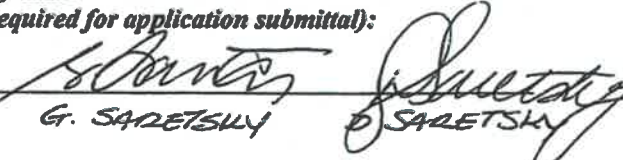
Date:

X 

11/4/19

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

Date:

X   
G. SARETSKY

11/04/19

**Treasurer's Office Review**

Tax Status: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Kittitas County Treasurer's Office