

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: Michael and Marybeth Johnston
Mailing Address: 414 Upland Rd
City/State/ZIP: Medina, WA 98039
Day Time Phone: _____
Email Address: mj@steelhead.com; mbj64@hotmail.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: Matthew Mawer
Mailing Address: 11034 SE 31st St
City/State/ZIP: Bellevue, WA 98004
Day Time Phone: 425.417.7817
Email Address: matt@mrd.net

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: 41 Hard Scrabble Lane; 81 Hard Scrabble Lane
City/State/ZIP: Cle Elum, WA

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

6. Tax parcel numbers: 950219; 950218

7. Property size: 1.09 Acres (47,432sf); 0.67 acres (28,987sf) (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)

(Survey Vol. ____, Pg ____)

Exist 950219 (1.09 acres)

New 950219 (1.76 acres)

Exist 950218 (0.67 acres)

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)

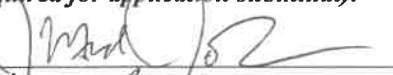

Date:

X  _____

7-2-20

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

Date:

X  _____
 _____

7/2/20

7/2/20

Treasurer's Office Review

Tax Status: _____

By: _____ Date: _____

Kittitas County Treasurer's Office

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**Signature of Authorized Agent:
(REQUIRED if indicated on application)**

Date:

X _____

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

Date:

X James Michael Johnston
Marybeth Johnston

6/25/2020

6/25/2020

Treasurer's Office Review

Tax Status: _____

By: _____ Date: _____

Kittitas County Treasurer's Office

Payment contact

Please contact Murad Khan for credit card payment:

Murad Khan

Steelhead Partners, LLC

800 – 5th Avenue, Suite 3700

Seattle, WA 98104

206.307.0912 direct

206.307.0910 main phone

Murad@steelhead.com