

SPF-18-00005



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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"Building Partnerships - Building Communities"

FINAL SHORT PLAT OR PLAT APPLICATION

Please type or print clearly in ink. Attach additional sheets as necessary. The following items must be attached to the application packet at intake or the application will not be accepted. Pursuant to RCW 58.17.140 "Final plats and short plats shall be approved, disapproved, or returned to the applicant within thirty days from the date of filing thereof, unless the applicant consents to an extension of such time period;" therefore Kittitas County must have all of the required attachments to accept the final plat/short plat for review to meet the required timeframes. For plats that require the Board of County Commissioners (BOCC) signature, all documents must be uploaded for consideration approximately one (1) week in advance of the BOCC Agenda Session Meeting. This leaves three (3) weeks from the date of applicant submittal for County Staff to review and sign the plat.

REQUIRED ATTACHMENTS

- One paper copy of Final Short Plat/Plat drawings meeting all final drawing requirements (reference KCC Title 16 Subdivision Code for plat drawing requirements) and RCW Title 58 along with WAC 332-130.
Project Condition Compliance Document that responds in writing as to how each condition of preliminary approval has been met, including supporting documentation as necessary (Example Attached).
If this is a plat associated with a Planned Unit Development, the Final Development Plan must be approved through Resolution by the BOCC prior to submittal for final plat/short plat review.
Recent Title Report, within 90 days of final plat submittal.
Lot Line Closures
Proof of water sufficient to meet Kittitas County Department of Environmental Health requirements.
Any other items specifically required by conditions of preliminary approval.

APPLICATION FEES:

Table with 2 columns: Amount and Description. Rows include fees for KCCDS, Environmental Health, and Public Works, totaling \$2,275.00.

OR

Table with 2 columns: Amount and Description. Rows include fees for KCCDS, Environmental Health, and Public Works, totaling \$2,465.00.

FOR STAFF USE ONLY

Form area for staff use containing signature lines for 'Application Received By (CDS Staff Signature)' and 'Planner Intake Signature', date and receipt number fields, and a 'RECEIVED' stamp dated SEP 17 2018.

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: MARK E WENGER & DARCY L SPENCER-WENGER

Mailing Address: PO BOX 2214

City/State/ZIP: ISSAQUAH WA 98027-0099

Day Time Phone: 206-650-3272

Email Address: MWENGER@TALYST.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: MKIRKPATRICK@ENCOMPASSES.NET

4. **Street address of property:**

Address: 4684 NELSON SIDING ROAD

City/State/ZIP: CLE ELUM WA 98922

5. **Type of Plat: (Check One):**

Short Plat Plat

6. **Tax parcel number(s):** 20-14-29010-0010 (479134)

7. **Project File Number:** SP-07-00007

8. **Preliminary Approval Date:** JUNE 27, 2016

9. **Preliminary Approval Resolution Number (does not apply to short plats):** N/A

10. **Final Development Plan Resolution Number (only if this applies):** N/A

11. **Development Agreement Ordinance Number (only if this applies):** N/A

AUTHORIZATION

12. 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  _____

_____ 9-6-18