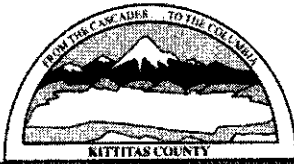


SP-18-00005



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"

SHORT PLAT AMENDMENT APPLICATION

(For proposed alteration or vacation, 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

- Five large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for short plat drawing requirements) and one small 8.5" x 11" copy
- Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS

(Optional at submittal, but required at the time of final submittal)

- Certificate of Title (Title Report)
- Computer lot closures - see map per Dusty.


Special Note: Please see sales agreement for all interested parties signatures.

Thanks.

APPLICATION FEES:

\$2,300.00	Kittitas County Community Development Services (KCCDS)
\$420.00	Kittitas County Department of Public Works
\$130.00	Kittitas County Fire Marshal
\$970.00	Kittitas County Public Health
<hr/>	
\$3,820.00	Total fees due for this application submittal (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): 	DATE: 7/30/18	RECEIPT # CD18-01844	JUL 30 2018 Kittitas County CDS DATE STAMP IN BOX
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COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

FORM LAST REVISED: 05-21-2018

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: Daniel J. & Sunny M. Kent
Mailing Address: 21920 95th Place South
City/State/ZIP: Kent, WA 98031
Day Time Phone: 206 605 2812
Email Address: Kent.d@comcast.net

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.

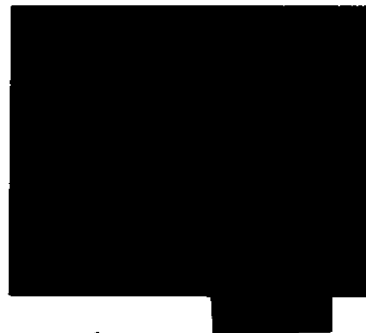
Agent Name: Jeremy Porter et.al.
Mailing Address: 2731 NE 136th St
City/State/ZIP: Seattle WA 98125
Day Time Phone: (206) 852-5016
Email Address: Howard Porter, Sharon Porter, Lewis Matthews
Lois Matthews

Special Note:
these are previous owners and current neighboring owners

See Signatures Form 34 of Addendum to purchase and sale agreement

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: (submitted at same time as this application)
Address: Lot (Parcel) 2 Morgan Creek
City/State/ZIP: Book H of Plats page 117-118

5. Legal description of property (attach additional sheets as necessary):
see attached title report legal description

6. Tax parcel number: 949595

7. Property size: 6.87 Acres (acres)

8. Land Use Information:

Zoning: _____ Comp Plan Land Use Designation: _____

10/10/10

10

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9. **Narrative project description (include as attachment):** Please include at minimum the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description. *See below*

10. **Are Forest Service roads/easements involved with accessing your development?** Yes No (Circle)
If yes, explain: _____

11. **What County maintained road(s) will the development be accessing from?** *NONE - Private communit roads owned and maintained by HOA Morgan Creek*

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 *[Signature]*
[Signature]

June 24, 2018
06-24-2018

Narrative: Only request is to remove 40 ft ingress
egress & utility easement that serves Lot #1 and Lot #2. Original owner made boundary line adjustment to accomidate access for Lot #1 (none) from road instead of from Lot #2. Lot #1 owners have agreed as part of Lot #1 sale to the removal and all rights to this EASEMENT.

Easement AFN: 200509200677

we need this easement removed so we can build a home in the future on this segment of land, we have well/water rights, septic/perk approval

Contacted
Planner: Chelsea
Dusty

11/11/11

11

11

11