



**KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES**

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

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Office (509) 962-7506

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"Building Partnerships - Building Communities"

SP-18-00006

**SHORT PLAT APPLICATION**

*(To divide a lot(s) into no more than 4 lots in rural areas or to divide a lot(s) into no more than 9 lots within Urban Growth Areas, according to KCC 16.08.186 and KCC 16.32)*

**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 plat drawing requirements) and one small 8.5"x11"copy.
- Project Narrative responding to Questions 9-11 on the following pages.

**OPTIONAL ATTACHMENTS**

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

- Certificate of Title (Title Report)
- Computer lot closures

**\*\*\*Final short plat application and associated fees will be required at time of request for final short plat processing. Please see the final short plat application for current fees.**

**APPLICATION FEES:**

\$2,100.00	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
<b>\$3,620.00</b>	<b>Total fees due for this application (One check made payable to KCCDS)</b>

**FOR STAFF USE ONLY**

Application Received By (CDS Staff Signature): 	DATE: 8-22-18	RECEIPT # CD18-02106	<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="text-align: center; margin: 5px 0;">AUG 22 2018</div> <div style="text-align: center; margin: 0;">Kittitas County CDS</div>
<b>DATE STAMP IN BOX</b>			

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT

FORM LAST REVISED: 07-18-18

THE UNIVERSITY OF CHICAGO



RESEARCH REPORT

Submitted by: [Name] Date: [Date]

Abstract: [Summary of the report's content]

INTRODUCTION

The purpose of this study is to investigate the effects of [Topic]

on the [Subject]

METHODS

The study was conducted using a [Methodology]

with a sample of [Number] participants.

The results of the study are as follows:

RESULTS

The data shows a significant correlation between [Variable 1] and [Variable 2].

Specifically, as [Variable 1] increases, [Variable 2] also tends to increase.

This finding is consistent with previous research in the field.

The implications of these results are discussed in the following section.

CONCLUSION

In conclusion, the study has shown that [Summary of findings]

**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: Kevin W. Keno  
Mailing Address: 10160 LYONS Rd.  
City/State/ZIP: Ellensburg, WA 98926  
Day Time Phone: (509) 968-4762  
Email Address: KenoKevin@gmail.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: Chris Cruse  
Mailing Address: P.O. Box 959  
City/State/ZIP: Ellensburg, WA 98926  
Day Time Phone: (509) 962-8242  
Email Address: Cruseandassoc@KValley.com

**4. Street address of property:**

Address: 10160 LYONS Rd.  
City/State/ZIP: Ellensburg, WA 98926

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

Parcel 4 in Book 25 of Surveys at Pages 160-162, see application map for full description.

**6. Tax parcel number(s):** 18-20-29030-003

**7. Property size:** 80 Acres (acres)

**8. Land Use Information:**

Zoning: AG-20      Comp Plan Land Use Designation: Rural Working

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Handwritten text block, continuing the notes or list.

Handwritten text block, continuing the notes or list.

Handwritten text block, continuing the notes or list.

Handwritten text block, continuing the notes or list.

**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 map for all details and Narrative.*

10. **Are Forest Service roads/easements involved with accessing your development?** If yes, explain. *NO*

11. **What County maintained road(s) will the development be accessing from?** *LYONS Rd.*

**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

*8/17/18*

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

Date:

X

*8-17-18*

Section 1: Introduction

The purpose of this document is to provide a comprehensive overview of the project's objectives and scope. It is intended for the project team and stakeholders.

The project will be managed using a structured approach, ensuring that all tasks are completed on time and within budget.

The project team consists of several members, each with specific responsibilities. Regular communication and reporting are essential for the project's success.

The project is subject to change, and any modifications must be approved by the project manager and stakeholders.

Project Manager: [Name]  
Project Sponsor: [Name]  
Project Start Date: [Date]  
Project End Date: [Date]