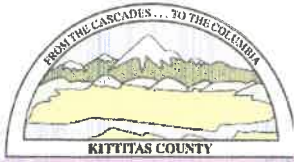


SP-19-00003



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 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

- Two 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:

\$2,160.00	Kittitas County Community Development Services (KCCDS)
\$420.00	Kittitas County Department of Public Works
\$130.00	Kittitas County Fire Marshal
\$800.00	Kittitas County Public Health
\$3,510.00	Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): *[Signature]* DATE: 11/14/19 RECEIPT # 03127

RECEIVED

NOV 14 2019

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

FORM LAST REVISED: 05-01-2019

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: Mick C. Santa
Mailing Address: 1091 Big Creek Road
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: 425.985.1282
Email Address: micksanta@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: _____
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: Sam Ward, Direct Surveying, LLC
Mailing Address: 13221 SE 26th Street, Suite A
City/State/ZIP: Bellevue, WA 98005
Day Time Phone: 425.625.6749 ext. 1
Email Address: sam@directsurveying.com

4. Street address of property:

Address: 1091 Big Creek Road
City/State/ZIP: Cle Elum, WA 98922

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

See attached Project Narrative

6. Tax parcel number(s): 540536 (Map Number 20-14-21033-0006)

7. Property size: 10.128 (acres)

8. Land Use Information:

Zoning: AG-5 Comp Plan Land Use Designation: Rural Residential

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 Attached

10. **Are Forest Service roads/easements involved with accessing your development?** If yes, explain. See Attached

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

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  _____

 _____