



**KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES**

411 N. Ruby St., Suite 2, Ellensburg, WA 98926  
CDS@CO.KITTITAS.WA.US  
Office (509) 962-7506

"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**

CSP

- 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.
- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800) (Pick-up SEPA Checklist form if required)
- 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:**

- \$2,340.00 Kittitas County Community Development Services (KCCDS)
- \$1,215.00\* Kittitas County Public Works
- \$130.00 Kittitas County Fire Marshal
- \$530.00 Kittitas County Public Health

**\$4,215.00 Total fees due for this application (One check made payable to KCCDS)**

\*5 hours of review included in Public Works Fee. Additional review hours will be billed at \$243 per hour.

**\$6,025.00 Total Fees due for this application when SEPA is required (SEPA fee \$1,810.00)**

**FOR STAFF USE ONLY**

Application Received By (CDS Staff Signature):		DATE:	RECEIPT #	
Sail Weyand		3-4-24	CD24-00516	

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

**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: Marilynn Carr  
Mailing Address: 811 4th Parallel Rd  
City/State/ZIP: Ellensburg, WA 98926  
Day Time Phone: (509) 968-9211  
Email Address: carrmarilyn@yahoo.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 / Cruse & Assoc.  
Mailing Address: PO Box 959  
City/State/ZIP: Ellensburg, WA 98926  
Day Time Phone: (509) 962-8242  
Email Address: chris@cruseandassoc.com

**4. Street address of property:**

Address: 811 4th Parallel Rd  
City/State/ZIP: Ellensburg, WA 98926

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

Pth. E 1/2 SE 1/4 of Sec. 35, T. 17 N., R. 19 E., W. M.

**6. Tax parcel number(s):** 010433

**7. Property size:** 40.93 AC (acres)

**8. Land Use Information:**

Zoning: Comm. Ag.      Comp Plan Land Use Designation: Comm. Ag.

**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. *NO*

11. **What County maintained road(s) will the development be accessing from?** *4th Parallel 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 \_\_\_\_\_

\_\_\_\_\_

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

**Date:**

X *Marky in Green* \_\_\_\_\_

\_\_\_\_\_ *2-27-24*