

# KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

## SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CALL THE DEPARTMENT IF YOU WOULD LIKE TO SET UP A MEETING TO DISCUSS YOUR PROJECT. INCOMPLETE APPLICATIONS WILL <u>NOT</u> BE ACCEPTED.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS 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. |  |  |  |
|--|--|--|--|--|
|  | Certificate of Title (Title Report)  |  |  |  |
|  | Computer lot closures  |  |  |  |
| Address list of all landowners within 300 feet of the site's tax parcel. If adjoining parcels are owned by the applicant, the 300 feet extends from the farthest parcel. If the parcel is within a subdivision with a Homeowners or Road Association, please include the address of the association. |  |  |  |  |

#### FEES:

\$190 plus \$10 per lot to Public Works Department; 240\$125 plus \$50/hr. over 2.5 hrs. to Environmental Health Department; \$175 to Community Development Services Department (Three different checks are needed)

#### FOR STAFF USE ONLY

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|----------------------------|------------------------|------------------------|---|
| LOERTIFY THAT I RECEIVED T | HIS APPLICATION AND IT | S GOVDI LITE I         | <u> Para de Caraller de la companya de</u> |
| SIGNATURE:                 | DATE                   | SEOMETERE.<br>RECEIPT# | RECEIVED  |
| x Kenn                     | my 6/1/0               | 5 43302                | JUN 31/2005   |
| NOTES:                     |                        |                        | DATTHIAS COUNTY   |
| 1401 E5.                   |                        |                        | CDS   |
|                            |                        |                        |   |

| 1.  | ryame, maining address and day phone of land owner(s) of record:  |  |  |  |
|---|---|--|--|--|
|   | Name:   | BET Brunner Family   |  |  |
|   | Mailing Address:  | 18819 SE Z&7th St.   |  |  |
|   | City/State/ZIP:   | Kent, WA 98042-5443  |  |  |
|   | Day Time Phone:   | (253) 630-4114   |  |  |
| 2.  | Name, mailing address record):  | and day phone of authorized agent (if different from land owner o                |  |  |
| 36  | Agent Name:   | Chris Cruse / Cruse & Assoc.   |  |  |
|   | Mailing Address:  | P. O. Box 959  |  |  |
|   | City/State/ZIP:   | Ellensburg WA 98926  |  |  |
|   | Day Time Phone:   | 962-8742   |  |  |
| 3. Contact person for application (select one):  ☐ Owner of record Authorized agent  All verbal and written contact regarding this application will be made only with the person. |   |  |  |  |
| 4.  | Street address of proper  |  |  |  |
|   | Address:  | SR 903   |  |  |
|   | City/State/ZIP:   | Ronald, w4 98940   |  |  |
| 5.  | Legal description of pro  | operty: Paved C Bh 23 of Soneys, pgs<br>oth SE 14 Sec. 2, T. 20 N., R. 14 G., WM |  |  |
| 6.  | Tax parcel number(s):   | 20-14-02043-0002   |  |  |
| 7.  | Property size: 12.46 Ac (acres)   |  |  |  |
| 8.  | Narrative project description: Please include 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 (be specific, attach additional sheets as necessary): |  |  |  |
| 9.  | Are Forest Service road<br>Yes (No (Circle) If yes,   | s/easements involved with accessing your development?<br>explain:                |  |  |

| 10. | What County maintained road(s) will the development be accessing from? |
|-----|--|
|     | Mone   |

11. 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.

| Signature of Authorized Agent:  | Date:     |
|---|-----------|
| x Mrs Cruse   | Ce/1/2005 |
| Signature of Land Owner of Record: (Required for application submittal) | Date:     |
| X   |           |

