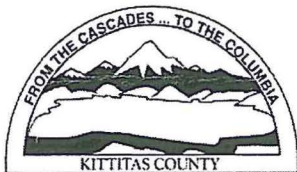


SP06-41



# 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 NOT 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 plus \$50/hr. over 2.5 hrs. to Environmental Health Department;  
\$450 to Community Development Services Department  
(One check made payable to KCCDS)

### FOR STAFF USE ONLY

I CERTIFY THAT I RECEIVED THIS APPLICATION AND IT IS COMPLETE.

SIGNATURE:

X M. Rice

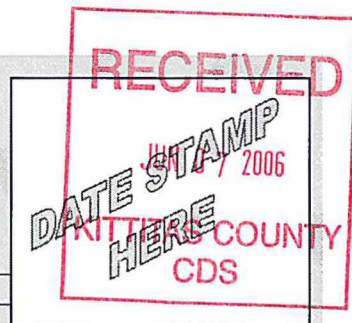
DATE:

6-7-06

RECEIPT #

046604

NOTES: \_\_\_\_\_



1. Name, mailing address and day phone of land owner(s) of record:

Name: BRUCE WALKER  
Mailing Address: 4205 CURRENT ROAD  
City/State/ZIP: COLUMBIA MO 65203  
Day Time Phone: 573-268-5119

2. Name, mailing address and day phone of authorized agent (if different from land owner of record):

Agent Name: Dave Nelson  
Mailing Address: 108 E 2nd St.  
City/State/ZIP: Cle Elum, WA 98922  
Day Time Phone: (509) 674-7433

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 contact person.

4. Street address of property:

Address: CLARKE ROAD  
City/State/ZIP: ELLENSBURG WA 98926

5. Legal description of property:

LOT 11 SURVEY BOOK 30, PAGE 14 SEC. 16, TWN. 18N., RGE. 18E., W.M.

6. Tax parcel number(s): 18-18-16000-0023

7. Property size: 10.00 (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):

2 LOT SHORT PLAT, ZONE: COMMERCIAL AG., WATER: IND. WELLS, SEWER: SEPTIC

9. Are Forest Service roads/easements involved with accessing your development?

Yes  No (Circle) If yes, explain:

JUN 05 2006

10. **What County maintained road(s) will the development be accessing from?**  
CLARKE ROAD
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.
12. Are there any other pending applications associated with the property associated with this application?  
 Yes  No

**Signature of Authorized Agent:**

**Date:**

X \_\_\_\_\_

\_\_\_\_\_

**Signature of Land Owner of Record:**

*(Required for application submittal)*

**Date:**

X 

5/27/06