

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

SP-07-132

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.
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.
OPTIONAL ATTACHMENTS (Optional at preliminary submittal, but required at the time of final submittal)
Certificate of Title (Title Report)
Computer lot closures FEES:
\$190 plus \$10 per lot for Public Works Department;
\$376.88 plus \$75/hr. over 4 hrs. for Environmental Health Department;

FOR STAFF USE ONLY

\$450 for Community Development Services Department (One check made payable to KCCDS)

APPLICATION RECEIVED BY SIGNATURE:	DATE:	RECEPT#	DALEMP
x VakB M	7/24/1/1		DATESTAMP
			L <u>JUL 2 4 2007</u> -
NOTES:	993 (14) PA 200 (14) (17)		<u>KITHAS CO</u>
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1.	Name, mailing address and day phone of land owner(s) of record:			
	Name:	Dave Lund		
	Mailing Address:	210 Lund Ln		
	City/State/ZIP:	CLE Elun WA 989ZZ		
	Day Time Phone:	656-ZZ43		
	Email Address:			
2.	Name, mailing address	and day phone of authorized agent (if different from land owner of record):		
	Agent Name:	Chris Cruse		
	Mailing Address:	P.O. Box 959		
	City/State/ZIP:	Ellensburg WA 989Z6		
	Day Time Phone:	962-8242		
	Email Address:			
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 prope	erty:		
	Address:	Koinonia Ln.		
	City/State/ZIP:	Cle Elun WA 989ZZ		
5.6.	Legal 20 description Two let Roe l' See Application Tax parcel number(s):	of property: Portion of Sec.s 34 and 35 4. that lies North of the KRD and for Rill description 20-14-34010-0001		
7.	Property size: 15,7	(acres)		
8.	location, water supply, proposal in the descripting	ription: Please include the following information in your description: describe project size, sewage disposal and all qualitative features of the proposal; include every element of the on (be specific, attach additional sheets as necessary): Plat with individual wells and septic tanks.		
9.	Are Forest Service roads/easements involved with accessing your development? Yes No (Circle) If yes, explain:			
10.	What County maintained road(s) will the development be accessing from?			

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 11. 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:

Signature of Land Owner of Record:

8528296605

(Required for application submittal)

