Fax 656-0161



## 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-07-133

## 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.

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

FOR STAFF USE ONLY

APPLICATION RECEIVED BY

SIGNATURE:

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NOTES

DATE

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RECEIPT#

CLCO

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JUL 2 7 247 MP

RATIFECTARY

GDS

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 Elum WA 989ZZ
	Day Time Phone:	656-2243
	Email Address:	·
2.	Name, mailing address and day phone of authorized agent (if different from land owner of record):	
	Agent Name:	Chais Ciruse
	Mailing Address:	PO B0x 959
_	City/State/ZIP:	Elleus Burgo II)A 98976
	Day Time Phone:	962-8242
	Email Address:	TO COTE
	Eman 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 property:		erty:
	Address:	11421 Westside Rd.
	City/State/ZIP:	Cle Elvin WA 989ZZ
5. 6.	Legal description of property: Portion of Sec. 35 Two 20, Rae 14 that lies North of KRD, West of West Side Rd.  See Application map for full description Tax parcel number(s): 20-14-35020-0002	
0.	Tax parter number (s).	. 60-14-33060-0006
7.	Property size: 12,0	(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):  Hot Short Plat with Individual Wells and Septic Tanks as per application maps	
9.	Are Forest Service roads/easements involved with accessing your development? Yes No (Circle) If yes, explain: 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 11. 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:

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

