

## KITT AS COUNTY COMMUNITY DE LOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

CDS@CO.KITTITAS.WA.US Office (509) 962-7506 Fax (509) 962-7682

SP-07-144

## 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 Subdivi Code for plat drawing requirements) and one small 8.5"x11"copy.	sior
Address list of all landowners within 300 feet of the site's tax parcel. If adjoining parcels are owned by the applicant 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)	1
Certificate of Title (Title Report)	
Computer lot closures	I

## 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 US		
I CERTIFY THAT I RECEIVED THIS A SIGN A)FURE:	PPLICATION AND IT IS CO DATE	OMPLETE RECEIPT#	DAILLAMP
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			AGTTITABLE.
NOTES:			

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. CDS  4. Street address of property:    Address:   3530   Riverbottom   RJ.	1.	Name, mailing address and day phone of land owner(s) of record:				
Mailing Address:  City/State/ZIP:  Day Time Phone:  (Y25) 3477-2034  Email Address:  2. Name, mailing address and day phone of authorized agent (if different from land owner of record):  Agent Name:  Chuck Crust / Crust & Astroc.  Mailing Address:  Low Box 959  City/State/ZIP:  Day Time Phone:  (\$05) 962-8242  Email Address:  SEP 11 2007  3. Contact person for application (select one):  Owner of record DeAuthorized agent All verbal and written contact regarding this application will be made only with the contact person.  CDS  4. Street address of property:  Address:  3530 Riversofton Rd.  City/State/ZIP:  Legal description of property:  Legal description of property:  Address:  22.95 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):  2 lef Most plat w/ individual  What County maintained road(s) will the development be accessing from?		Name:	Craig & Audrey Winkels			
Day Time Phone: (425) 347 - 2034 Email Address:  2. Name, mailing address and day phone of authorized agent (if different from land owner of record):  Agent Name: Chack Crust   Crust   Astroc.  Mailing Address:   Color   Sol   Sol    City/State/ZIP: Ellenrisug, wat 98926  Day Time Phone: (537) 962 - 8242  Email Address:  SEP 11 2007  3. Contact person for application (select one):  Owner of record   Deauthorized agent   All verbal and written contact regarding this application will be made only with the contact person. CDS  4. Street address of property:  Address:   3530   Rivertoftom   Rs.   City/State/ZIP:   Ellenrisug, wat 96926  5. Legal description of property:   level   B-1   Ble 20 of   Surveys,   p. q.   221-222   6. Tax parcel number(s):   12-18-23020-0012   7. Property size:   22.95   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):    2   of		Mailing Address:	6056 Championship Ct.			
Email Address:  2. Name, mailing address and day phone of authorized agent (if different from land owner of record):  Agent Name:  Chuck Cruse   Cruse   Assoc.  Mailing Address:    Color   Sox 959		City/State/ZIP:	Mukiltro, WA 98275			
2. Name, mailing address and day phone of authorized agent (if different from land owner of record):  Agent Name:  Chack Crust / Crust is Assoc.  Mailing Address:  P. O. Box 959  City/State/ZIP:  Ellensus, ast 98926  Day Time Phone:  (5°9) 962-6242  Email Address:  SEP 11 2007  3. Contact person for application (select one):  Owner of record Deauthorized agent All verbal and written contact regarding this application will be made only with the contact person.  CDS  4. Street address of property:  Address:  3530 Riverbottom Rd.  City/State/ZIP:  Ellensus, ast 96926  5. Legal description of property:  farces 6-1 die 20 of  Surveys, pgs 221-222  7. Property size:  22.95 de.  (acres)  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 play of individual  What County maintained road(s) will the development be accessing from?		Day Time Phone:	(425) 347-2034			
Agent Name:    Chuck   Cruse   Cruse   Assoc.		Email Address:				
Mailing Address:    City/State/ZIP:   Ellensung   WA 98926	2.	Name, mailing address	and day phone of authorized agent (if different from land o	wner of record):		
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Email Address:    SEP 11 2007		Mailing Address:	P.O. BOX 959			
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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:

- Charle a Court

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

Date:

10-18-07

Date:

4.11.07

