

KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

NOTICE OF APPLICATION

To: Washington State Department of Transportation
Washington State Department of Natural Resources
Washington State Department of Health
BNSF Railway Company
Kittitas County Sheriff's Department
Kittitas County Fire District 2
Kittitas County Environmental Health
Kittitas County Solid Waste Programs
Kittitas County Public Works
Kittitas County Enforcement and Investigation
Ellensburg School District
Fairpoint Communications
Ellensburg Water Company
Adjacent Property Owners
Applicant

From: Mike Elkins, Staff Planner

Date: November 30, 2007

Publish: December 3, 2007 (Daily Record)
December 6, 2007 (NKC Tribune)

Subject: **Clapper Short Plat, File Number SP-07-156**

Doanld E. Clapper, trustee, and Bonnie R. Anderson, trustee, landowners, submitted an application for a 4 lot Short Plat pursuant to Kittitas County Code 16.32 on approximately 25.25 acres of land that is zoned AG-3, located approximately 2 miles northwest of the City of Ellensburg, west of State Road 10, east of Interstate 90, situated on Klocke Road in Ellensburg, WA, 98926, located in a portion of Section 20, T 18N, R18E, WM, in Kittitas County. Map Number 18-18-20020-0008.

Please find enclosed the Short Plat application and a vicinity map for the above referenced project. The submitted application and related filed documents may be examined by the public at the Kittitas County Community Development Services office at 411 N. Ruby, Suite 2, Ellensburg, WA. 98926. Phone (509)962-7506.

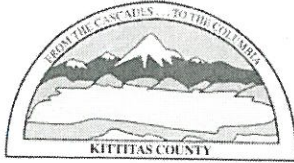
Please send comments regarding the application and potential adverse environmental impacts by December 18, 2007 @5:00pm to Kittitas County Community Development Services, 411 N. Ruby, Suite 2, Ellensburg, WA., 98926, attention Mike Elkins, Staff Planner.

Conditional preliminary approval may be granted based on timely comments received prior to December 18, 2007.

DARRYL PIERCY, DIRECTOR

ALLISON KIMBALL, ASSISTANT DIRECTOR

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION



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SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITITITAS 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 500 feet of the site's tax parcel. If adjoining parcels are owned by the applicant, the 500 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:

X [Signature]

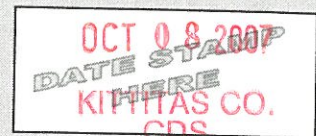
DATE:

10/8/07

RECEIPT #

053923

PAID



NOTES:

DARRYL PIERCY, DIRECTOR

ALLISON KIMBALL, ASSISTANT DIRECTOR

COMMUNITY PLANNING BUILDING INSPECTION PLAN REVIEW ADMINISTRATION PERMIT SERVICES CODE ENFORCEMENT FIRE INVESTIGATION

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

Name: DONALD E CLAPPER TRUSTEE & BONNIE R ANDERSON-CLAPPER TRUSTEE
Mailing Address: 720 KLOCKE ROAD
City/State/ZIP: ELLENSBURG WA 98926
Day Time Phone: (509) 962-2372
Email Address: _____

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

Agent Name: _____
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
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 property:

Address: 720 KLOCKE ROAD
City/State/ZIP: ELLENSBURG WA 98926

5. Legal description of property:

LOT 2 OF SURVEY BOOK 29, PAGE 8, PTN. SW1/4 OF THE NW1/4, SECTION 20, TOWNSHIP 18N., RANGE 18E.

6. Tax parcel number(s): 18-18-20020-0008 (15402)

7. Property size: 25.25 _____ (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):

4 LOT SHORT PLAT, ZONE: AG-3, WATER: INDIVIDUAL WELLS, SEWER: SEPTIC/DRAINFIELD

9. Are Forest Service roads/easements involved with accessing your development? Yes (explain) No

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

Signature of Authorized Agent:

Date:

X _____

Signature of Land Owner of Record:

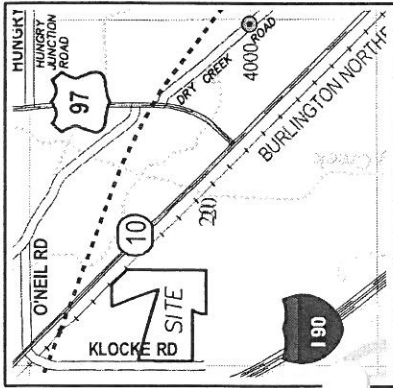
Date:

(Required for application submittal)

X Donald E Clapp

10-4-7

CLAPPER SHORT PLAT
KITTITAS COUNTY SHORT PLAT NO. 07-XX
PORTION OF THE NW1/4, SEC. 20, T.18N., R.18E., W.M.
KITTITAS COUNTY, WASHINGTON



VICINITY MAP
 N.T.S.

APPROVALS

KITTITAS COUNTY PUBLIC WORKS

EXAMINED AND APPROVED This ___ day of _____ A.D., 20__

 Kittitas County Engineer

COUNTY PLANNING DIRECTOR

I hereby certify that the "CLAPPER" Short Plat has been examined by me and find that it conforms to the requirements of the Survey Recording Act at the request of _____ A.D., 20__

 Kittitas County Planning Director

KITTITAS COUNTY HEALTH DEPARTMENT

Preliminary inspection indicated soil conditions may allow use of septic tanks as a temporary means of sewage disposal for some, but not necessarily all building sites within this short plat. Pre-approval of the County Health Department about issuance of septic tank permits for lots.

Dated this ___ day of _____ A.D., 20__

 Kittitas County Health Officer

CERTIFICATE OF COUNTY TREASURER

I hereby certify that the taxes and assessments are paid for the preceding year and for this year in which the plat is now to be filed.

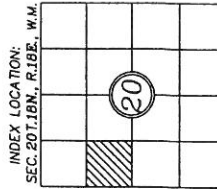
Dated this ___ day of _____ A.D., 20__

 Kittitas County Treasurer

ORIGINAL TAX LOT NO. 18-18-20020-0008 (15402)

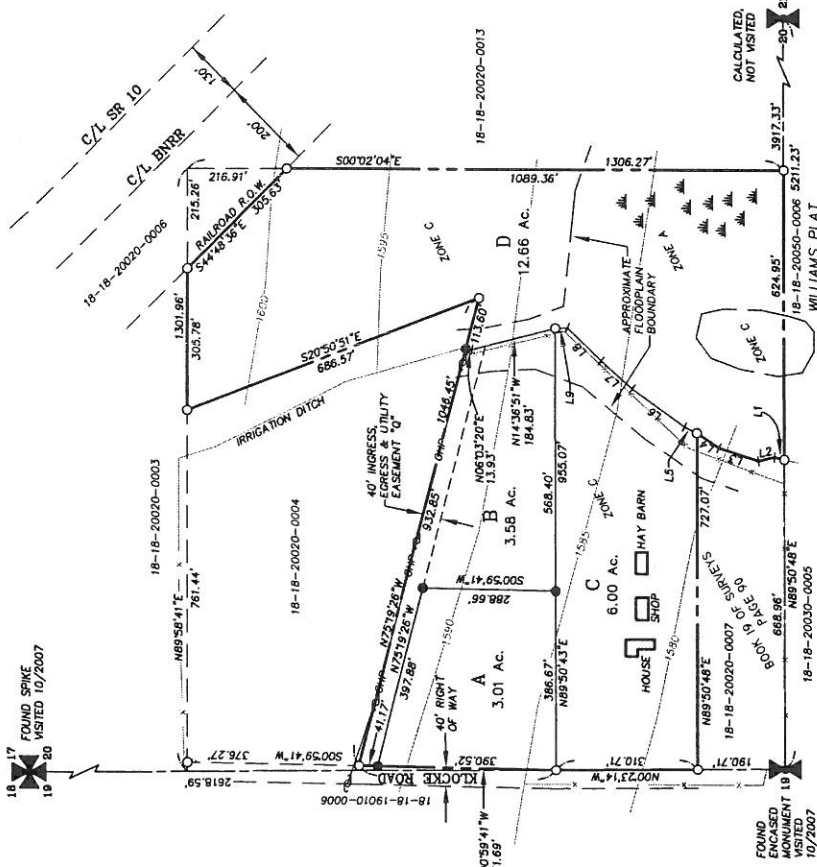
LEGEND

- ✠ SECTION CORNER COMMON TO FOUR SECTIONS.
- ✠ QUARTER CORNER COMMON TO TWO SECTIONS
- END REBAR
- SET 1/2" REBAR L5# 18092
- ⊕ POWER POLE
- ⊖ FENCE
- ▲ APPROXIMATE WETLAND



NOTE: EXISTING UTILITIES AS SHOWN ARE ONLY APPROXIMATE AND ARE BASED ON THE BEST AVAILABLE INFORMATION. IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO VERIFY THE LOCATION, DEPTH AND DEPTH OF ALL EXISTING UTILITIES PRIOR TO STARTING CONSTRUCTION, AND INFORM THE DESIGN ENGINEER OF ANY DISCREPANCIES.

Call Before You Dig
 1-800-553-4344



K.C.S.P. NO. 07-XX
 Portion of the NW1/4, Sec. 20 T.18N., R.18E., W.M.
 Kittitas County, Washington

DWN BY	T.R./G.W.	DATE	10/07	JOB NO.	07195
CHKD BY	D. NELSON	SCALE	1"=200'	SHEET	1 OF 2

RECORDER'S CERTIFICATE

Filed for record this ___ day of _____, 20__ at _____ M in book _____ of _____ at the request of _____

DAVID P. NELSON
 Surveyor's Name

 County Auditor

 Deputy County Auditor

SURVEYOR'S CERTIFICATE

This map correctly represents a survey made by me or under my direction in conformance with the requirements of the Survey Recording Act at the request of **DAVID P. NELSON** in _____ A.D., 20__.

DAVID P. NELSON
 Certificate No. 18092



108 EAST 2ND STREET
 CLE ELUM, WA 98922
 PHONE: (509) 674-7433
 FAX: (509) 674-7419