

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

SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITTTITAS 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;
\$380 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:

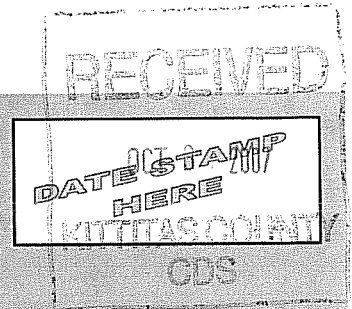
x T. Swenberg

DATE:

10-30-07

RECEIPT #

054240



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: MAYNARD M. LARSON
Mailing Address: 571 FOX ROAD
City/State/ZIP: ELLENSBURG, WA 98926
Day Time Phone: 509-929-6407
Email Address: _____

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

Agent Name: TERRY L. OSTERGAARD
% ASPI
Mailing Address: 4727-A EVERGREEN WAY
City/State/ZIP: EVERETT, WA 98203
Day Time Phone: 425-252-1884
Email Address: terry0@alphasub.com

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: 571 FOX ROAD
City/State/ZIP: ELLENSBURG, WA 98926

5. Legal description of property:

SEE ATTACHED

6. Tax parcel number(s): 17870 18-20-32052-0004

7. Property size: 20.75 (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):

SUBDIVIDE INTO 2 SFR LOTS.

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?
FOX 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:

X Henry L. Cotterwood

Date:

9-20-07

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

X Maynard Johnson

Date:

10-3-07

