



KITTTAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITTTAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO KCC 15A.03.030, A COMPLETE APPLICATION IS DETERMINED WITHIN 28 DAYS OF RECEIPT OF THE APPLICATION SUBMITTAL PACKET AND FEE. THE FOLLOWING ITEMS MUST BE ATTACHED TO THE 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 subject parcel(s). If adjoining parcels are owned by the applicant, then the 500 foot area shall extend from the farthest parcel. If the parcel is within a subdivision with a Homeowners' or Road Association, then please include the mailing address of the association.

OPTIONAL ATTACHMENTS

(Optional at submittal, required at the time of final submittal)

Certificate of Title (Title Report)

Computer lot closures

APPLICATION FEES:

\$190 plus \$10 per lot for Public Works Department;
 \$380 plus \$75/hr. over 4 hrs. for Environmental Health Department;
 \$630 for Community Development Services Department
 (One check made payable to KCCDS)

FOR STAFF USE ONLY

SP-08-00058

RECEIVED
DEC 23 2008
DATE STAMP
HERE
Kittitas County
CDS

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

x T. Swinberg

DATE:

12-23-08

RECEIPT #

3908

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: Beverly Proctor
Mailing Address: 6402 129th Place SE
City/State/ZIP: Bellevue, WA 98006
Day Time Phone: 425-233-2050
Email Address:

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

Agent Name: See above land owner of record
Mailing Address:
City/State/ZIP:
Day Time Phone:
Email Address:

3. Contact person for application (select one):

[X] 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: PARKE CREEK ROAD
City/State/ZIP: KITTITAS, WA 98934

5. Legal description of property:

SEE ATTACHED SHEET

6. Tax parcel number(s): 17-19-12040-0004

7. Property size: 16.00 (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):

SEE ATTACHED SHEET

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

PARKE CREEK ROAD

10. 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.

All correspondence and notices will be mailed to the Land Owner of Record and copies sent to the authorized agent.

Signature of Authorized Agent:
(REQUIRED if indicated on application)

Date:

X _____

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

Date:

X Beverly A. Proctor

12-7-08