

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

GP-09-0008

SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITTITAS 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:

	REOUIRED	ATTACHMENTS
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Five large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision

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

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

\$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)

Code for plat drawing requirements) and one small 8.5"x11"copy.

Certificate of Title (Title Report)

Computer lot closures

Road Association, then please include the mailing address of the association.

	FOR STAFF US	E ONLY	BECEIVEL
APPLICATION RECEIVED BY: (CDS STAFF SIGNATURE) x 1. Swarberg	DATE: <u>1.15.09</u>	RECEIPT # 3983	DATE County CDS
NOTES:			

1.	Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form.				
	Name:	Randy Fiorito, George Bender, and John Derocco			
	Mailing Address:	1110 NW Ballard Way			
	City/State/ZIP:	Seattle, WA 98107			
	Day Time Phone:	(206)369-0690			
	Email Address:				
2.		s and day phone of authorized agent (if different from land or s indicated, then the authorized agent's signature is required al.	wner of record):		
	Agent Name:	Chris Cruse			
	Mailing Address:	P.O. Box 959			
	City/State/ZIP:	Ellensburg, WA 98926			
	Day Time Phone:	962-8242			
	Email Address:				
3.	Street address of prop	erty:			
	Address:	No. 6 Rd.			
	City/State/ZIP:	Ellensburg, WA 98926			
4.	Legal description of p Parcels C3 and D 199602090010	01 in Book 21 of Surveys at Pages 208-210, Under AFN			
5.	Tax parcel number(s)	17-19-29000-0009 and 0026, 17-19-30010-0007 and	d 0008		
6.	Property size: 41.98		(acres)		
7.	location, water supply, proposal in the descript	cription: Please include the following information in your des sewage disposal and all qualitative features of the proposal; ion (be specific, attach additional sheets as necessary): ith individual wells and septic systems asll as pe	include every element of the		

8. Are Forest Service roads/easements involved with accessing your development? Yes Yo (Circle) If yes, explain:

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

Date:

Signature of Pand Owner of Paner

(REQUIRED for application submittel)

Date:

11-11-

