

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

SP-09-00007

(To divide lot into 2-4 lots)

KITTTITAS 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

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

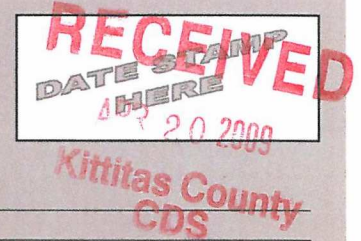
X Mandy Weir

DATE:

4/20/09

RECEIPT #

4534



NOTES: _____

1. **Name, mailing address and day phone of land owner(s) of record:**
Landowner(s) signature(s) required on application form.

Name: MARCUS E MENZEL ETUX
Mailing Address: 3642 HANSON ROAD
City/State/ZIP: ELLENSBURG WA 98926
Day Time Phone: (509) 670-2493
Email Address: _____

2. **Name, mailing address and day phone of authorized agent** (if different from land owner of record):
If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

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

3. **Street address of property:**

Address: 3642 HANSON ROAD
City/State/ZIP: ELLENSBURG WA 98926

4. **Legal description of property:**

LOT 2 OF THE HOLMAN SHORT PLAT SP-02-03, PTN OF THE NE 1/4 OF SECTION 7, TOWNSHIP 17 N., RANGE 18 E., W.M.

5. **Tax parcel number(s):** 17-18-07055-0002 (17628)

6. **Property size:** 20.00 ACRES (acres)

7. **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 PLAT
ZONED: AG-20
WATER SOURCE: INDIVIDUAL WELLS
SEWER SOURCE: INDIVIDUAL SEPTIC/DRAINFIELDS

8. **Are Forest Service roads/easements involved with accessing your development?**
Yes No (Circle) If yes, explain:

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

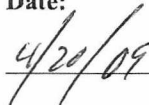
Date:

X _____

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

Date:

X  _____

 _____



WHEELER SHORT PLAT PROJECT OVERVIEW

OVERVIEW:

The purpose of this application is to create two lots consisting of a 15.01 acre lot and a 4.99 acre lot from an existing 20.00 acre lot. The subject property is located within the AG-20 zone of Kittitas County.

UTILITIES:

The project's proposed sewer shall be individual septic tank and drain field and proposed water supply will be individual wells.

TRANSPORTATION:

Access to county road via private access easements.

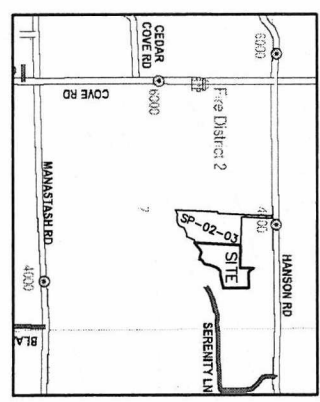
COMMENTS:

Attached are copies of the proposed Short Plat and current Title Report for your review and comment.

PLEASE PROVIDE ENCOMPASS ENGINEERING AND SURVEYING WITH COPIES OF ALL CORRESPONDENCE REGARDING THIS SHORT PLAT APPLICATION.

WHEELER SHORT PLAT
A PORTION OF THE NE 1/4 OF SEC. 7, T.17N., R.18E., W.M.
KITTITAS COUNTY, WASHINGTON

SP-09-XXXXX



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 "WHEELER" SHORT PLAT HAS BEEN EXAMINED BY ME AND FOUND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITTITAS COUNTY PLANNING COMMISSION.
 DATED THIS ____ DAY OF _____ A.D., 20____

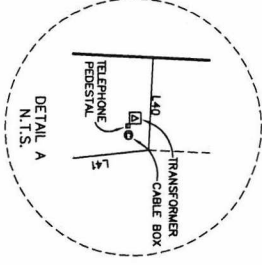
 KITTITAS COUNTY PLANNING DIRECTOR

KITTITAS COUNTY HEALTH DEPARTMENT
 PRELIMINARY INSPECTION INDICATED SOIL CONDITIONS MAY ALLOW USE OF SEPTIC TANKS AS A TEMPORARY MEASURE UNTIL PERMANENTLY SUITABLE BUILDING SITES ARE NECESSARILY AVAILABLE WITHIN THIS SHORT PLAT. PROSPECTIVE PURCHASERS OF LOTS ARE URGED TO MAKE INQUIRIES AT 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 YEARS AND FOR THIS YEAR IN WHICH THE PLAT IS NOW TO BE FILED.
 DATED THIS ____ DAY OF _____ A.D., 20____

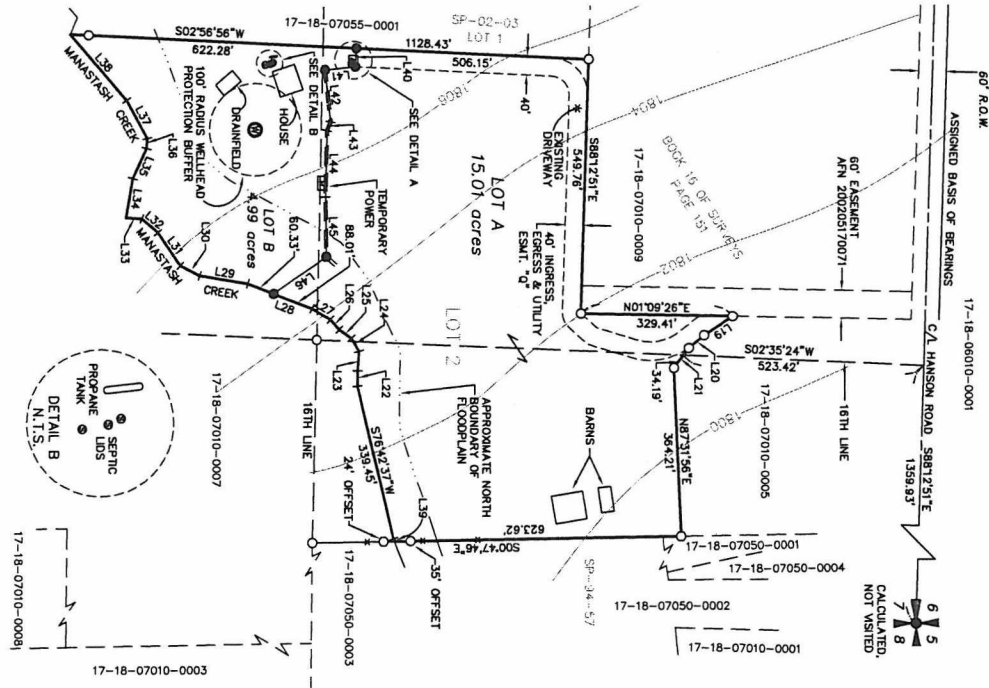
 KITTITAS COUNTY TREASURER
 ORIGINAL TAX LOT NO. 17-18-07055-0002 (17829)



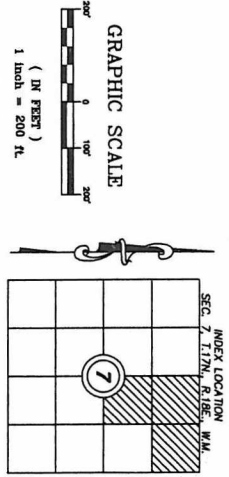
NOTE:
 THE EXISTING UTILITIES AS SHOWN ARE ONLY APPROXIMATE AND ARE BASED ON THE BEST AVAILABLE RECORDS. CONTRACTORS RESPONSIBILITY TO VERIFY THE SIZE, TYPE, LOCATION AND DEPTH OF ALL EXISTING UTILITIES PRIOR TO STARTING CONSTRUCTION. CONTRACTORS SHALL BE RESPONSIBLE FOR ANY DISCREPANCIES.

Call Before You Dig
 1-800-553-4344

LINE	BEARING	DISTANCE
L19	S33°33'40"E	74.51
L20	S39°16'41"E	43.21
L21	S53°36'38"E	53.60
L22	N89°35'54"W	33.23
L23	N85°56'11"W	42.13
L24	S59°48'05"W	32.82
L25	S35°21'24"W	32.14
L26	S49°48'52"W	28.86
L27	S29°45'52"W	47.19
L28	S21°30'35"W	148.34
L29	S09°24'11"W	107.00
L30	S27°13'37"W	47.34
L31	S55°40'24"W	86.87
L32	S40°51'49"W	45.67
L33	S04°03'09"W	35.00
L34	N80°07'46"W	86.13
L35	N64°58'02"W	71.60
L36	N86°09'20"W	21.72
L37	S61°32'24"W	93.43
L38	S49°31'42"W	188.68
L39	S68°29'13"W	61.12
L40	N87°03'04"W	40.00
L41	N05°54'55"W	65.72
L42	S83°58'51"W	112.89
L43	N68°06'09"W	19.94
L44	N88°26'25"W	144.03
L45	S89°05'24"W	129.11
L46	S35°03'16"E	139.18



SURVEY NOTES:
 1. BASIS OF BEARINGS AND SECTION BREAKDOWN ARE PER A SURVEY FILED IN BOOK # OF SHORT PLATS, PAGES 244 & 245, UNDER AUDITOR'S FILE NUMBER 200203170071, RECORDS OF KITTITAS COUNTY, STATE OF WASHINGTON AND THE SURVEYS REFERENCED THEREON.
 2. THE PURPOSE OF THIS DOCUMENT IS TO SHORT PLAT LOT 2 OF THAT CERTAIN SURVEY RECORDED IN BOOK # OF SHORT PLATS, PAGES 244 & 245 UNDER AUDITOR'S FILE NUMBER 200203170071, RECORDS OF KITTITAS COUNTY, STATE OF WASHINGTON AND THE CONVEYANCE OF SHOWN HEREON.
 3. THE APPROVAL OF THIS DIVISION OF LAND INCLUDES NO GUARANTEE THAT THERE IS A LEGAL RIGHT TO UTILIZE GROUNDWATER WITHIN THE PLAT AREA. THE DIVISION OF LAND IS FOR INFORMATION ONLY AND PROVIDES NO GUARANTEE THAT USE OF WATER UNDER THE GROUNDWATER EXEMPTION (RCW 90.44-060) FOR THIS SHORT PLAT OR ANY PORTION THEREOF WILL NOT BE SUBJECT TO CURTAILMENT BY THE DEPARTMENT OF RECLAMATION OR A COURT OF LAW.



RECORDER'S CERTIFICATE
 FILED FOR RECORD THIS ____ DAY OF _____ AT _____ M. IN BOOK ____ OF _____ AT PAGE ____ 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 SANDY WHEELER
 N. APRIL, 2008
 DAVID P. NELSON DATE
 CERTIFICATE NO. 18092

K.C.S.P. NO. 09-XXXXX
PTN. OF THE NE 1/4 OF SEC. 7, T.17N., R.18E., W.M.
KITTITAS COUNTY, WASHINGTON

OWN BY	DATE	JOB NO.
T.R./G.W.	04/08	09023
CHKD BY	SCALE	SHEET
D. NELSON	1"=200'	1 OF 2

Encompass
 ENGINEERING & SURVEYING

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