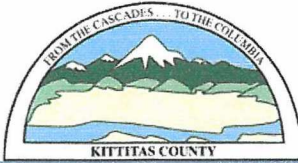


SP-09-00013



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

"Building Partnerships – Building Communities"

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:

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;
 \$720 for Community Development Services Department
 \$130 for Fire Marshal
 (One check made payable to KCCDS)

\$1460

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

X Mandy Need

DATE:

6/24/09

RECEIPT #

00005101

RECEIVED

JUN 24 2009
 DATE & STAMP
 HERE
 Kittitas 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: Doug Dicken Tom Luft
Mailing Address: P.O. Box 639 2740 Cove Road
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: 925-2222 962-5445
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: 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 property:**

Address: No. 6 Road
City/State/ZIP: Ellensburg, WA 98926

4. **Legal description of property:**

Parcels A and B in Book 21 of Surveys at Page 207.

5. **Tax parcel number(s):** 17-19-19040-0002 and 17-19-19040-0005

6. **Property size:** 50.60 _____ (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):

4 lot short plat with individual wells and septic systems. See the application map for additional information.

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?
No. 6 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)

X Chris Cruise

Date:

6/19/2009

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

X [Signature]

Date:

6/19/09