KITTITAS COUNTY

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"

SP-10-00040

SHORT PLAT APPLICATION

(To divide a lot into no more than 4 lots, according to KCC 16.32)

Please type or print clearly in ink. Attach additional sheets as necessary. Pursuant to KCC 15A.03.040, 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.
- ☐ Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS

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

- ☐ Certificate of Title (Title Report)
- Computer lot closures

APPLICATION FEES:

720.00 Kittitas County Community Development Services (KCCDS)
 220.00 Kittitas County Department of Public Works
 130.00 Kittitas County Fire Marshal
 380.00 Public Health Proportion (Additional fee of \$75/hour over 4 hours)

\$1,450.00 Total fees due for this application (One check made payable to KCCDS)

AUG 1 8 2010
KITTITAS COUNTY
CDS

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

DATE:

P-\(\text{COUNTY}\)

RECEIPT #

COUNTY AUG 1 8 20 D

KITTITAS CO.

CDS

DATE STAMP IN BOX

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

GENERAL APPLICATION INFORMATION

	Zoning: Ag -20	Comp Plan Land Use Designation: Rural	
8.	Land Use Information:		(atits)
7.	Property size: 40 ac	COVID COM I GO I C (I OVOCIM VOIM	(acres)
6.	Tax parcel number: 18	3-17-36052-0021 & 18-17-36052-0022	
5.	Legal description of prop Lots 21 and 22, High	perty (attach additional sheets as necessary): Valley Ranchettes	
	City/State/ZIP:	Ellensburg, WA 98926	
	Address:	Silverton Road	
4.	Street address of property:		
	Email Address:		
	Day Time Phone:		
	City/State/ZIP:		
	Mailing Address:		
	Name:		
3.	Name, mailing address and day phone of other contact person If different than land owner or authorized agent.		
	Email Address:	cruseandassoc@kvalley.com	
	Day Time Phone:	509-962-8242	
	City/State/ZIP:	Ellensburg, WA 98926	
	Mailing Address:	PO Box 959	
	Agent Name:	Chuck Cruse / Cruse & Associates	
2.	Name, mailing address and day phone of authorized agent, if different from landowner of record: If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.		
	Email Address:		
	Day Time Phone:	425-347-5013	
	City/State/ZIP:	Everett, WA 98208	
	Mailing Address:	620 SE Everett Mall Way Suite 360	
	Name:	D & H Ranch Inc.	
1.	Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form.		

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

- Narrative project description (include as attachment): Please include at minimum the following information in 9. 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. Y lot short plat of shared well and individual septic systems

 Are Forest Service roads/easements involved with accessing your development? If yes, explain. No
- 10.
- 11. What County maintained road(s) will the development be accessing from? I verten Rd.

AUTHORIZATION

12. 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 transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.

Signature of Authorized Agent:

(REQUIRED if indicated on application)

Date:

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

