#### 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"

## 3P-10-00011

# 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.

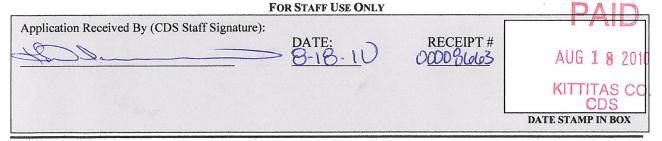
#### **OPTIONAL ATTACHMENTS**

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

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

#### **APPLICATION FEES:**

\$1 450 00	Total fees due for this application (One check made payable to KCCDS)	
380.00	Public Health Proportion (Additional fee of \$75/hour over 4 hours)	
130.00	Kittitas County Fire Marshal	
220.00	Kittitas County Department of Public Works	
720.00	Kittitas County Community Development Services (KCCDS)	



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

### **GENERAL APPLICATION INFORMATION**

1.	Name, mailing address and day phone of land owner(s) of record:  Landowner(s) signature(s) required on application form.				
	Name:	D & H Ranch Inc.			
	Mailing Address:	620 SE Everett Mall Way Suite 360			
	City/State/ZIP:	Everett, WA 98208			
	Day Time Phone:	425-347-5013			
	Email Address:				
2.		and day phone of authorized agent, if different from lando indicated, then the authorized agent's signature is required for			
	Agent Name:	Chuck Cruse / Cruse & Associates			
	Mailing Address:	PO Box 959			
	City/State/ZIP:	Ellensburg, WA 98926			
	Day Time Phone:	509-962-8242			
	Email Address:	cruseandassoc@kvalley.com			
3.	Name, mailing address If different than land own	and day phone of other contact person ner or authorized agent.			
	Name:				
	Mailing Address:				
	City/State/ZIP:				
	Day Time Phone:				
	Email Address:	-			
4.	Street address of prope	rty:			
	Address:	Silverton Road			
	City/State/ZIP:	Ellensburg, WA 98926			
5.	Legal description of pro Lots 19 and 20, High	operty (attach additional sheets as necessary):  n Valley Ranchettes			
6.	Tax parcel number: 1	8-17-36052-0019 & 18-17-36052-0020			
7.	Property size: 40 ac	0 17 0000 <u>2 00 10 00 10 17 0000</u> 2 0020	(acres)		
8.	Land Use Information:				
	Zoning: Aq -20	Comp Plan Land Use Designation: Rural			

#### **PROJECT NARRATIVE**

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

- 9. Narrative project description (include as attachment): Please include at minimum 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. Y lot that we have well and included teptic systems
- 10. Are Forest Service roads/easements involved with accessing your development? If yes, explain.  $N_0$
- 11. What County maintained road(s) will the development be accessing from? It was to provide the second of the sec

#### **AUTHORIZATION**

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:

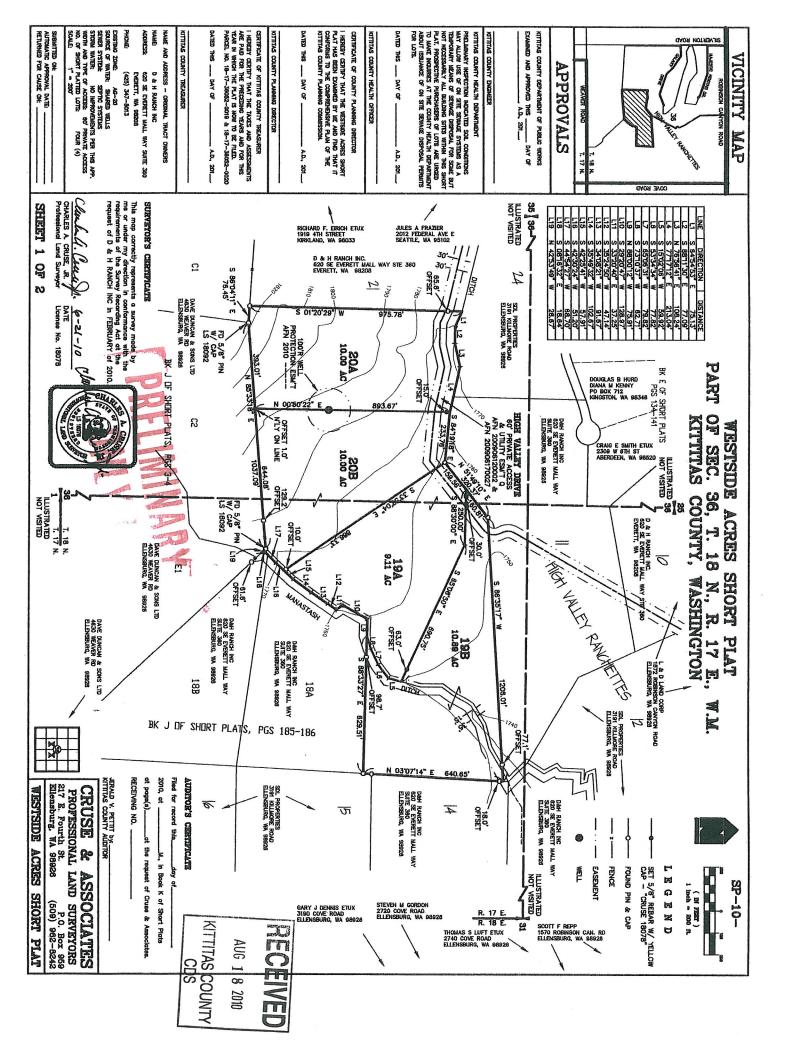
(REQUIRED if indicated on application)

Date:

Signature of Land Owner of Boood

Doto

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





### KITTITAS COUNTY PERMIT CENTER 411 N. RUBY STREET, ELLENSBURG, WA 98926

RECEIPT NO.:

00008663

COMMUNITY DEVELOPMENT SERVICES

(509) 962-7506

PUBLIC HEALTH DEPARTMENT

(509) 962-7698

DEPARTMENT OF PUBLIC WORKS

(509) 962-7523

Account name:

020109

Date: 8/18/2010

Applicant:

D&H RANCH INC

Type:

Permit Number	Fee Description	Amount
SP-10-00011	CDS FEE FOR SHORT PLAT	720.00
SP-10-00011	EH SHORT PLAT FEE	380.00
SP-10-00011	PUBLIC WORKS SHORT PLAT FEE	220.00
SP-10-00011	FIRE MARSHAL SHORT PLAT FEE	130.00
	Total:	1,450.00