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"

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.

Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS

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

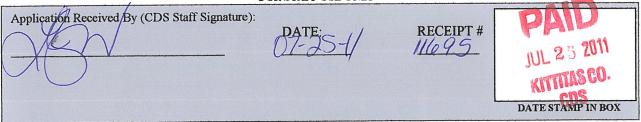
Certificate of Title (Title Report)

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	
	Kittitas County Community Development Services (KCCDS)	

FOR STAFF USE ONLY



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:	Randy Patterson				
	Mailing Address:	2690 Rader Road				
	City/State/ZIP:	Ellensburg, WA 98926				
	Day Time Phone:	925-4931				
	Email Address:					
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.					
	Agent Name:	Chris Cruse				
	Mailing Address:	P.O. Box 959				
	City/State/ZIP:	Ellensburg, WA 98926				
	Day Time Phone:	962-8242				
	Email Address:	cruseandassoc@kvalley.com				
3.		Name, mailing address and day phone of other contact person If different than land owner or authorized agent.				
	Name:					
	Mailing Address:					
	City/State/ZIP:					
	Day Time Phone:	<u></u>				
	Email Address:					
4.	Street address of prope	rty:				
	Address:					
	City/State/ZIP:					
5.	Legal description of property (attach additional sheets as necessary): Portion of the SE1/4 of S16, T18N, R19E, WM. See application map for full description					
6.	Tax parcel number(s):	8-19-16000-0025				
7.	Property size: 21.81	Acres	(acres)			
8.	Land Use Information:					
	Zoning: AG-20	Comp Plan Land Use Designation: Rura	n)			

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.
- 10. Are Forest Service roads/easements involved with accessing your development? If yes, explain.
- 11. What County maintained road(s) will the development be accessing from?

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:	Signature	of	Authorized	Agent:
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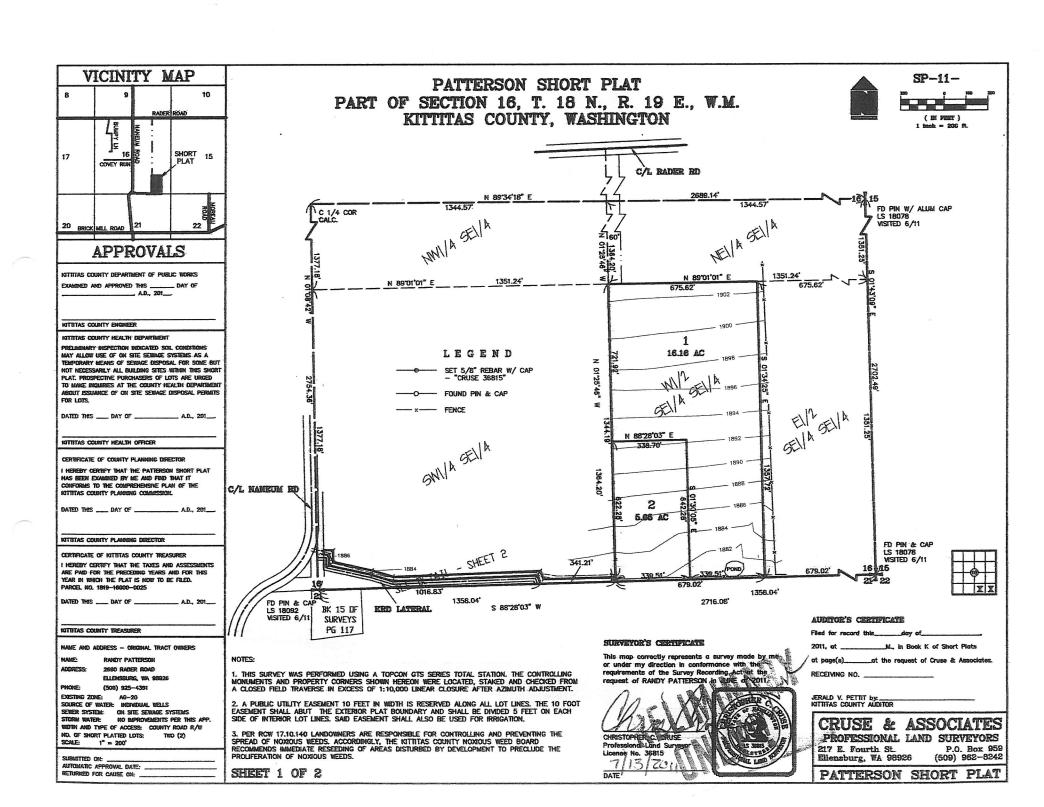
(REQUIRED if indicated on application)

Date:

Signature of Land Owner of Record

(Required for application submittal)

Date:





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

RECEIPT NO.:

00011695

COMMUNITY DEVELOPMENT SERVICES

(509) 962-7506

PUBLIC HEALTH DEPARTMENT

(509) 962-7698

DEPARTMENT OF PUBLIC WORKS

(509) 962-7523

Account name:

024340

Date: 7/25/2011

Applicant:

PATTERSON, RANDY W

Type:

check # 6289

Permit Number	Fee Description	Amount	
SP-11-00007	CDS FEE FOR SHORT PLAT	720.00	
SP-11-00007	EH SHORT PLAT FEE	380.00	
SP-11-00007	PUBLIC WORKS SHORT PLAT FEE	220.00	
SP-11-00007	FIRE MARSHAL SHORT PLAT FEE	130.00	
	Total:	1,450.00	