# 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	
\$720.00	Kittitas County Community Development Services (KCCDS)	

1	FOR STAFF USE ONLY		
Application Received	d By (CDS Staff Signature):  DATE:  OH-OH-II	RECEIPT # 12170	DATE STAMP IN BOX
<del></del>			

## GENERAL APPLICATION INFORMATION

1.		nd day phone of land owner(s) of record: required on application form.			
	Name:	Thrall Road Development Co.			
	Mailing Address:	Thrall Road Development Co. 6881 Denmark Rd.			
	City/State/ZIP:	Ellenburg, WA 98926			
	Day Time Phone:	(509) 968-3719			
	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:	Choch Crose Crose & Assoc.			
	Mailing Address:	POBOX 959			
		Ellensburg, WA 98926			
	Day Time Phone:	(509) 962-8242			
	Email Address:				
3.	Name, mailing address an If different than land owne	nd day phone of other contact person or or authorized agent.			
	Name:				
	Mailing Address:				
	City/State/ZIP:				
	Day Time Phone:				
	Email Address:				
4.	Street address of propert	y:			
	Address:	Thrall Road			
	City/State/ZIP:	Ellensburg, WA 98926			
5.	Legal description of property (attach additional sheets as necessary):  [ farely D : E , Bh. 33 of Son eys, pgs 214 · 215				
6.	Tax parcel number(s): _/	719-27060-0030 = 17-19-27000-0031			
7.	Property size:	(acres)			
8.	Land Use Information:				
	Zoning: AG-Zo	Comp Plan Land Use Designation:			

#### **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. 4 10+ Short plat w individual wells is reptie systems
- Are Forest Service roads/easements involved with accessing your development? If yes, explain. 10.

no

11. What County maintained road(s) will the development be accessing from?

Thrale Road

#### 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.

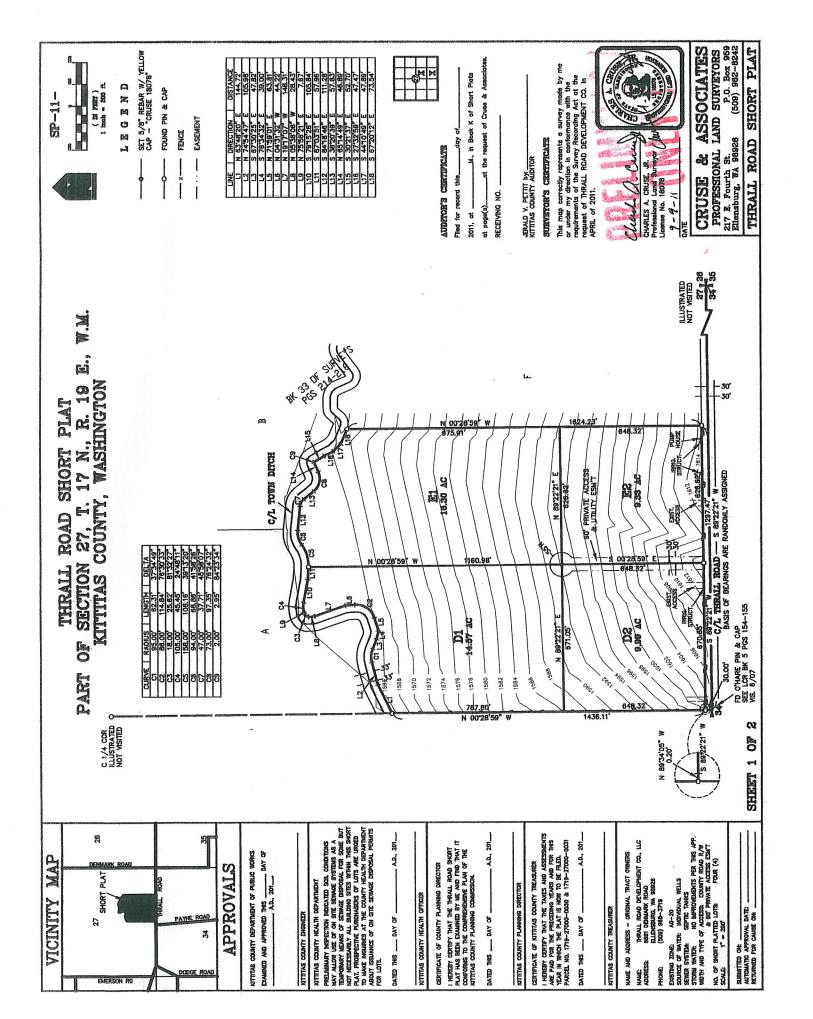
**Signature of Authorized Agent:** 

(REQUIRED if indicated on application)

Date:

Signature of Land Owner of Record

(Required for application submittal):





After recording return to: JAMES T. DENISON JR. Lathrop, Winbauer, Harrel, Slothower & Denison L.L.P. P.O. Box 1088 Ellensburg, WA 98926

Real Estate Excise Tax Exempl Kititas County Treasurer By Assacias Affidavit No. 1207-1375 Date: 7:11-07

#### **QUIT CLAIM DEED**

THE GRANTOR, JAMES R. MAPES, a married man as his separate property, for and in consideration of \$10.00, conveys and quit claims unto THRALL ROAD DEVELOPMENT COMPANY, LLC, a Washington Limited Liability Company, the following described real estate, situated in the County of Kittitas, State of Washington, including any interest therein which grantor may hereafter acquire as follows:

Lot D & E of that certain survey as recorded on February 5, 2007 in Book 33 of Surveys, pages 214, under Auditor's File No. 200702050005, records of Kittitas County, State of Washington; being a part of the Southeast Quarter of Section 27, Township 17 North, Range 19 East, W.M.

Tax Parcel No. 952267 & 952268

James R. Mapes

STATE OF WASHINGTON
) ss.

County of Kittias

Dated this 9th day of July, 2007.

I certify that I know or have satisfactory evidence that JAMES R. MAPES, a married man as his separate property, is the individual who appeared before me, and said individual acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as the free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this \_\_\_day of July, 2007.

SHELL EY WINFREY

STATE OF A CHAPTION

MY COMMISSION EXPINES 02-05-10

NOTAKY

Printed Name: Switch Washington
Notary Public in and for the State of Washington
My commission expires: 9.5 (()



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DATE: \_

KITTITAS COUNTY CDS

FEE: \$125.00

## REQUEST FOR PARCEL HISTORY

Name: Jim Maper of Course Arroc.						
Phone Number: 962-8242						
Parcel Number: 17-19-27000-6030: 17-19-27000-0031; 17-19-27000-0033						
Information Needed: Eligible for / time split?						
For Staff Use:						
Card Number(s):						
Zoning Classification: Agriculture 70						
Staff Notes:  All three Direct created via segregation in 07  No critical areas - No prior short plat - All 270 Heres						
ALL Prices elique for one time split under						
Staff Reviewer: JAQ Water Date: 9/2/2011						
**The Kittitas County Community Development Services Department does not guarantee a parcel eligible for development until such time as a complete and accurate application is submitted**						
CDS FORMS\PLANNING\LAND USE APP\NEW 2008 LAND USE APP\REQUEST FOR PARCEL HISTORY UPDATED: 10/17/08						

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



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

**RECEIPT NO.:** 

00012170

COMMUNITY DEVELOPMENT SERVICES (509) 962-7506

PUBLIC HEALTH DEPARTMENT (509) 962-7698

DEPARTMENT OF PUBLIC WORKS

(509) 962-7523

Account name:

024613

Date: 9/9/2011

Applicant:

THRALL ROAD DEV CO LLC

Type:

check # 2308

Permit Number	Fee Description	Amount
SP-11-00009	CDS FEE FOR SHORT PLAT	720.00
SP-11-00009	EH SHORT PLAT FEE	380.00
SP-11-00009	PUBLIC WORKS SHORT PLAT FEE	220.00
SP-11-00009	FIRE MARSHAL SHORT PLAT FEE	130.00
	Total:	1,450.00