

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-11-0001S

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

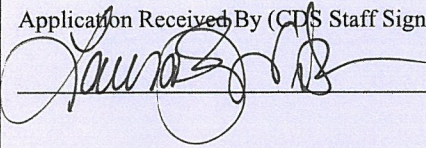
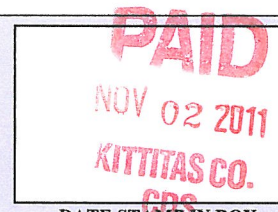


APPLICATION FEES:

- \$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)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): 	DATE: <u>11.2.11</u>	RECEIPT # <u>12910</u>	
			DATE STAMP IN BOX

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

FORM LAST REVISED:04-21-11

Page 1 of 3

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: Paul Carlson
Mailing Address: 700 Camozzy Road
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: 968-3516
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: Pam Haggin
Mailing Address: 700 Pheasant Crest Dr.
City/State/ZIP: Yakima, WA 98908
Day Time Phone: 509-961-8910
Email Address: PHaggin@whopper.com

4. **Street address of property:**

Address: 700 Camozzy Road
City/State/ZIP: Ellensburg, WA 98926

5. **Legal description of property (attach additional sheets as necessary):**

Portion of the SE 1/4 of S 7, T. 17 N., R. 20 E., W.M. See application map for full description.

6. **Tax parcel number(s):** 17-20-07040-0010

7. **Property size:** 10.36 (acres)

8. **Land Use Information:**

Zoning: AG-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. *All information on application map*
10. **Are Forest Service roads/easements involved with accessing your development?** If yes, explain. *No.*
11. **What County maintained road(s) will the development be accessing from?** *Camozy 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:

X Chris Cruse

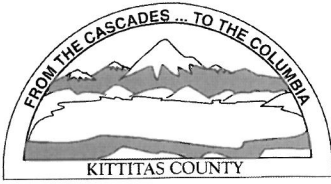
10/31/2011

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

Date:

X Caul S. Carlson

11/1/11



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

RECEIPT NO.: 00012910

COMMUNITY DEVELOPMENT SERVICES
(509) 962-7506

PUBLIC HEALTH DEPARTMENT
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS
(509) 962-7523

Account name: 021592

Date: 11/2/2011

Applicant: CARLSON, PAUL L &

Type: check # 4691

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
SP-11-00015	CDS FEE FOR SHORT PLAT	720.00
SP-11-00015	EH SHORT PLAT FEE	380.00
SP-11-00015	PUBLIC WORKS SHORT PLAT FEE	220.00
SP-11-00015	FIRE MARSHAL SHORT PLAT FEE	130.00
	Total:	1,450.00