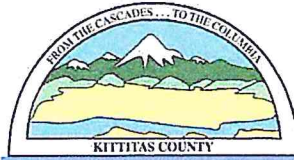


SP-12-00007



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:

| | |
|-------------------|--|
| \$720.00 | Kittitas County Community Development Services (KCCDS) |
| \$220.00 | Kittitas County Department of Public Works |
| \$130.00 | Kittitas County Fire Marshal |
| \$430.00 | Public Health Proportion (Additional fee of \$75/hour over 4 hours) |
| \$1,500.00 | Total fees due for this application (One check made payable to KCCDS) |

FOR STAFF USE ONLY

| | | | |
|--|--------------------------|------------------------------|---|
| Application Received By (CDS Staff Signature): | DATE: <u>11/20/12</u> | RECEIPT # <u>00016081</u> | <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">NOV 20 2012</p> <p style="font-size: 0.8em; margin: 0;">KITTITAS COUNTY DATE STAMP IN BOX CDS</p> </div> |
|--|--------------------------|------------------------------|---|

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

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: MILT DOWNS
Mailing Address: 3380 TEANAWAY ROAD
City/State/ZIP: CLE ELUM, WA 98922
Day Time Phone: 509-674-2724
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: CHUCK CRUSE
Mailing Address: P.O. BOX 959
City/State/ZIP: ELLENSBURG, WA 98926
Day Time Phone: 509-962-8242
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: _____
Email Address: _____

4. **Street address of property:**

Address: TEANAWAY ROAD
City/State/ZIP: CLE ELUM, WA 98922

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

PTN. EV2 SEC. 14-20-16

6. **Tax parcel number(s):** 20-16-14000-0015

7. **Property size:** 23.71 (acres)

8. **Land Use Information:**

Zoning: AGC-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. *DIVIDE 23.71 AC INTO 11+ AND 12+ AC. INDIVIDUAL WELLS, SEPTIC SYSTEM, 60' PVT ACCESS ESMT*
- 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?**
TEANAWAY 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:

X Geraldine Down

11-20-12

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

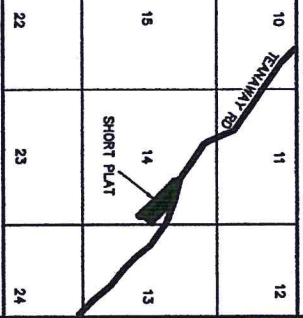
Date:

X Charles A. Cruise Jr.

11-20-12



VICINITY MAP



**PART OF SECTION 14, T. 20 N., R. 16 E., W.M.
KITITAS COUNTY, WASHINGTON**

APPROVALS

KITITAS COUNTY DEPARTMENT OF PUBLIC WORKS
EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D. 2011

KITITAS COUNTY ENGINEER

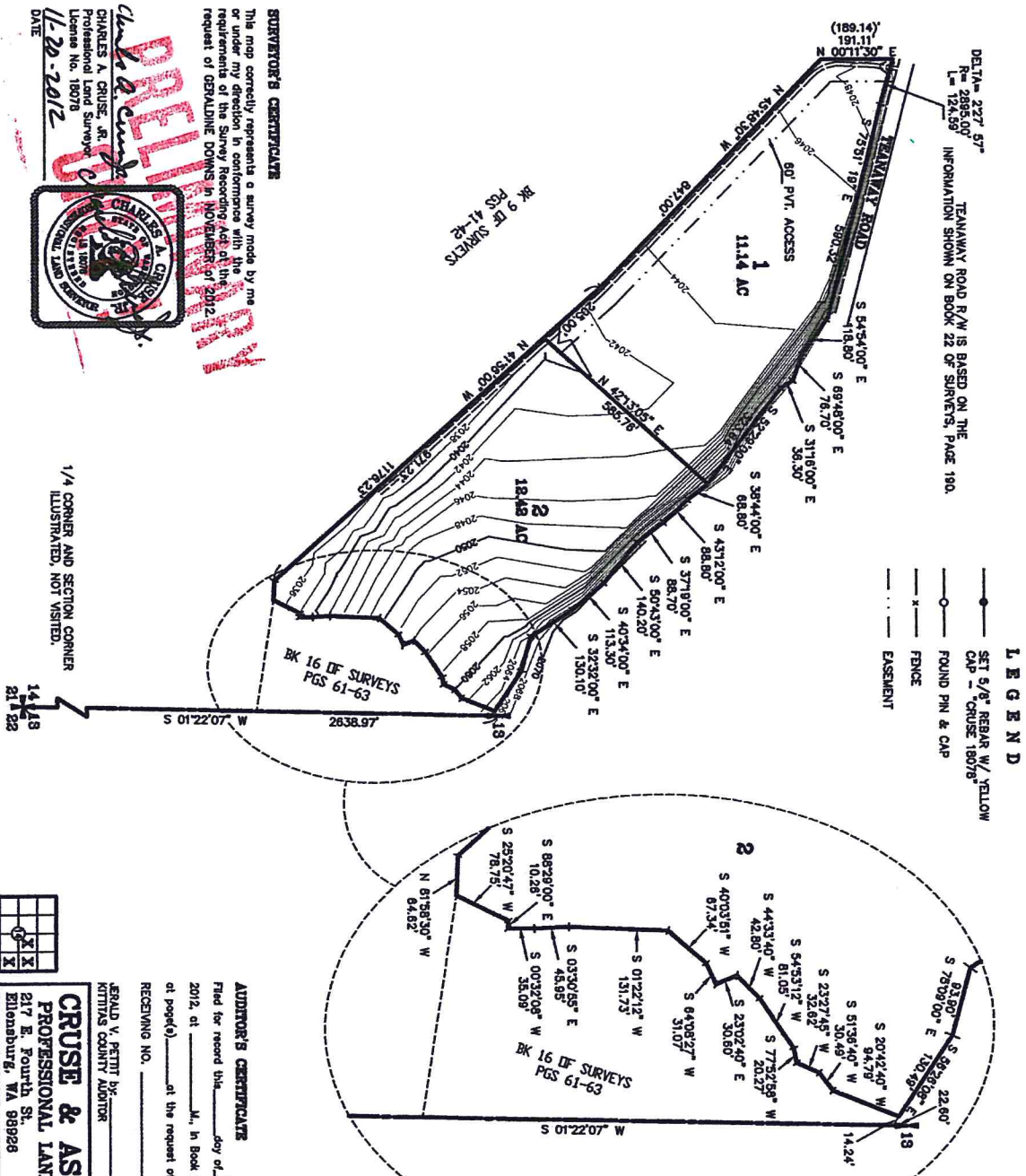
KITITAS COUNTY HEALTH DEPARTMENT
PRELIMINARY INSPECTION INDICATED SOIL CONDITIONS MAY ALLOW USE OF ON SITE SEWAGE SYSTEMS AS A TEMPORARY MEANS OF SEWAGE DISPOSAL FOR SOME BUT NOT NECESSARILY ALL BUILDING SITES WITHIN THIS SHORT PLAT. PROPOSED PACKAGE SEWAGE SYSTEMS SHOULD BE DESIGNED BY A LICENSED PROFESSIONAL ENGINEER ABOUT RESURFACE OF ON SITE SEWAGE DISPOSAL PERMITS FOR LOTS.

KITITAS COUNTY PLANNING DIRECTOR
I HEREBY CERTIFY THAT THE DOWNS SHORT PLAT HAS BEEN EXAMINED BY ME AND FOUND THAT IT CONFORMS TO THE REQUIREMENTS OF THE KITITAS COUNTY PLANNING COMMISSION.

KITITAS COUNTY PLANNING DIRECTOR
CERTIFICATE OF COUNTY PLANNING DIRECTOR
I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE PLAY IS NOW TO BE FILED.
PARCEL NO. 20-18-14000-0018
DATED THIS _____ DAY OF _____ A.D. 2011

KITITAS COUNTY TREASURER
NAME AND ADDRESS - ORIGINAL TRACT OWNERS
NAME: MATTIN & GERALDINE DOWNS
ADDRESS: 3300 TEANAWAY ROAD
OLD ELLI, WA 98922
PHONE: (509) 874-2724
REGISTERED MAIL - ALL MAIL SENT BY REGISTERED MAIL ON SITE SEWAGE SYSTEMS STRONG WARR. NO APPROVED FOR THIS APP. WIDTH AND TYPE OF ACCESS. COUNTY ROAD R/W & 60' PVT. ACCESS NO. OF SHORT PLATED LOTS: 2
NO. OF LOTS: 2

SUBMITTED ON: _____
AUTOMATIC APPROVAL DATE: _____
RETURNED FOR CAUSE ON: _____



SURVEYOR'S CERTIFICATE
This map correctly represents a survey made by me or under my direction in conformity with the requirements of the Survey Recording Act of the request of GERALDINE DOWNS in NOVEMBER of 2012.
Charles A. Cruse, Jr.
CHARLES A. CRUSE, JR., R.S.
Professional Land Surveyor
License No. 18078
11-20-2012
DATE

1/4 CORNER AND SECTION CORNER ILLUSTRATED, NOT VISITED.

RECEIVED
NOV 20 2012
KITITAS COUNTY
CDS

AUDITOR'S CERTIFICATE
Filed for record this _____ day of _____ 2012, at _____, in Book L of Short Plats at page(s) _____ at the request of Cruse & Associates.
RECEIVING NO. _____
GERALD V. PETTIT by _____
KITITAS COUNTY AUDITOR
CRUSE & ASSOCIATES
PROFESSIONAL LAND SURVEYORS
217 E. Fourth St.
Ellensburg, WA 98926 (509) 968-9242
DOWNS SHORT PLAT