

KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

CDS@CO.KITTTITAS.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
 \$470.00 Public Health Proportion (Additional fee of \$75/hour over 4 hours)

\$1,540.00 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

DATE: 5/20/13

RECEIPT # 02017374

PAID

MAY 20 2013

KITTTITAS CO.

DATE STAMP IN BOX

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

FORM LAST REVISED:01-02-13

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: Steve A. Willard
Mailing Address: P.O. Box 1665
City/State/ZIP: Woodinville, WA 98072-1665
Day Time Phone: (206) 660-2738
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 Cruise/Cruise Assoc.
Mailing Address: P.O. Box 959
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: 962-8242
Email Address: cruiseandassoc@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: Sanders Rd
City/State/ZIP: Ellensburg, WA 98926

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

Parcel 2 & 4A of Survey 8K 38, pgs 181-183

6. Tax parcel number(s): 18-18-25040-0021

7. Property size: 2.03 Ac (acres)

8. Land Use Information:

Zoning: Urban Res Comp Plan Land Use Designation: Urban

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. *2 lot short plot w/ individual wells and septic systems, and shared access*
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?** *Sanders 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)

X Charles A. Crumley

Date:

5-20-2013

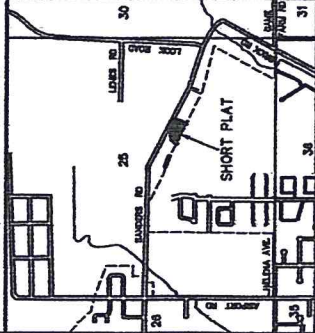
Signature of Land Owner of Record
(Required for application submittal):

X [Signature]

Date:

5/17/2013

VICINITY MAP



APPROVALS

KITTITAS COUNTY DEPARTMENT OF PUBLIC WORKS
 EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 201____

KITTITAS COUNTY ENGINEER

KITTITAS COUNTY HEALTH DEPARTMENT
 PRELIMINARY INSPECTION INDICATED SOIL CONDITIONS MAY ALLOW USE OF ON SITE SEWAGE DISPOSAL SYSTEM BUT TEMPORARY MEASURES OF SEWAGE DISPOSAL FOR SALE BUT NOT NECESSARILY ALL BUILDING SITES WITHIN THIS SHORT PLAT. PROSPECTIVE PURCHASERS OF LOTS ARE URGED TO MAKE INQUIRIES AT THE COUNTY HEALTH DEPARTMENT ABOUT ISSUANCE OF ON SITE SEWAGE DISPOSAL PERMITS FOR LOTS.

DATED THIS _____ DAY OF _____ A.D., 201____

KITTITAS COUNTY HEALTH OFFICER

CERTIFICATE OF COUNTY PLANNING DIRECTOR

I HEREBY CERTIFY THAT THE WILLARD LOT 2 SHORT PLAT HAS BEEN EXAMINED BY ME AND FIND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITTITAS COUNTY PLANNING COMMISSION.

DATED THIS _____ DAY OF _____ A.D., 201____

KITTITAS COUNTY PLANNING DIRECTOR

CERTIFICATE OF KITTITAS COUNTY TREASURER

I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE PLAT IS NOW TO BE FILED.

PANCREAS, NO. 18-19-25040-0021 & 18-19-25040-0003

DATED THIS _____ DAY OF _____ A.D., 201____

KITTITAS COUNTY TREASURER

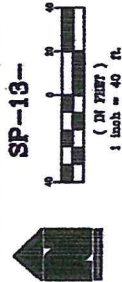
NAME AND ADDRESS - ORIGINAL TRACT OWNERS

NAME: STEVE WILLARD
 ADDRESS: P.O. BOX 1885
 WOODHULL, WA 98072-1885
 PHONE: (206) 900-2733

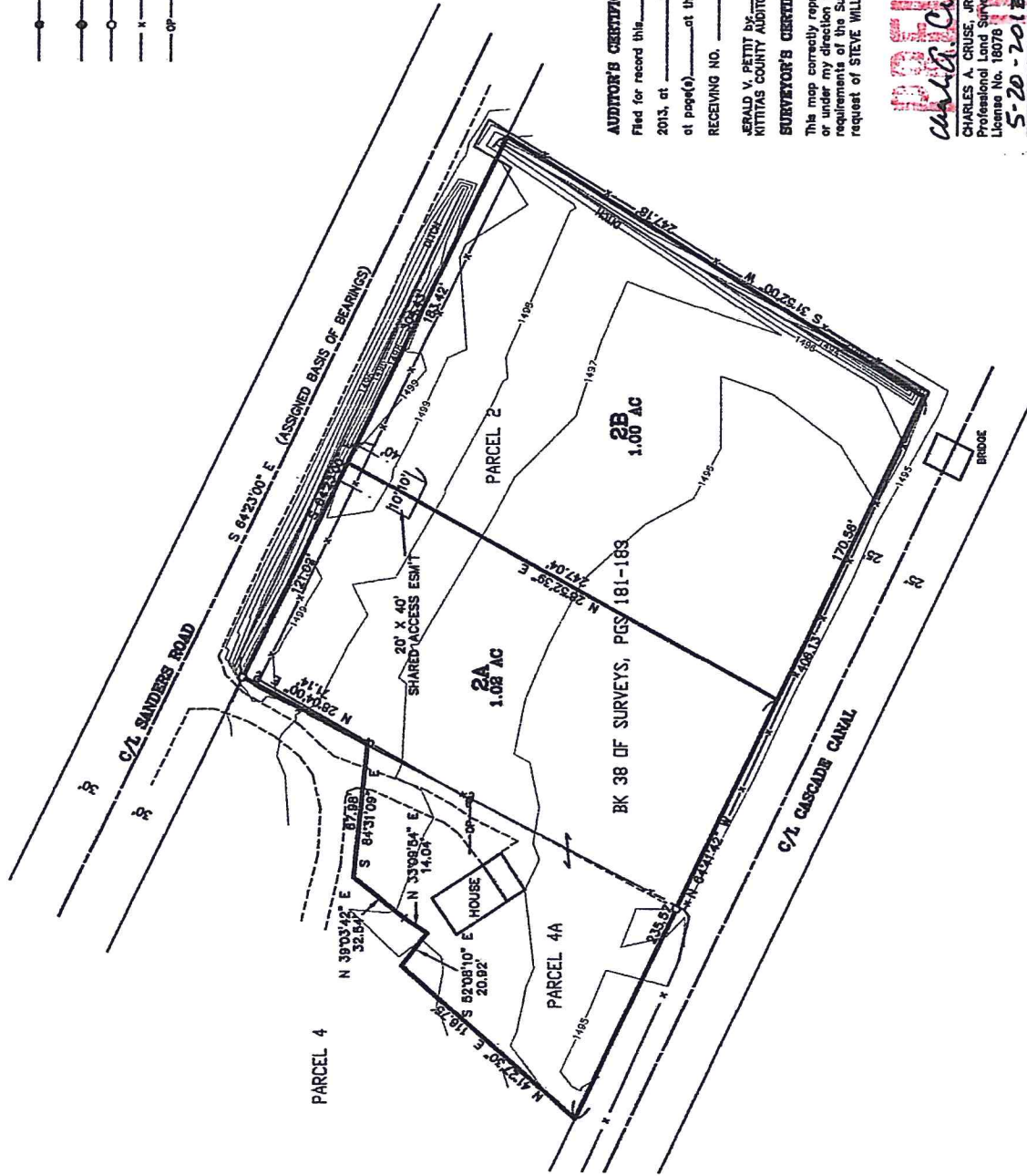
EXISTING ZONE: URBAN RESIDENTIAL
 SOURCE OF WATER: MUNICIPAL WELLS
 SEWER SYSTEM: ON SITE SEWAGE SYSTEMS
 STORM WATER: NO IMPROVEMENTS PER THIS APP.
 WIDTH AND TYPE OF ACCESS: COUNTY ROAD R/W
 NO. OF SHORT PLATTED LOTS: TWO (2)
 SCALE: 1" = 40'

SUBMITTED ON: _____
 APPROVAL DATE: _____
 RETURNED FOR ONSITE ON: _____

WILLARD LOT 2 SHORT PLAT
 PART OF SECTION 25, T. 18 N., R. 18 E., W.M.
 KITTITAS COUNTY, WASHINGTON



- LEGEND**
- SET 5/8" REBAR W/ YELLOW CAP - CRUSE 18078
 - FOUND ENCASED MONUMENT
 - FOUND PIN & CAP
 - X— FENCE
 - OP— OVERHEAD POWER



AUDITOR'S CERTIFICATE

Filed for record this _____ day of _____
 2013, at _____ M., in Book L of Short Plat
 of page(s) _____ at the request of Cruse & Associates.
 RECEIVING NO. _____

GERALD V. PETTY by
 KITTITAS COUNTY AUDITOR

SURVEYOR'S CERTIFICATE

This map correctly represents a survey made by me or under my direction in conformance with the requirements of the State Recording Act at the request of STEVE WILLARD in MAY of 2013.



CHARLES A. CRUSE, JR.
 Professional Land Surveyor
 License No. 18078

5-20-2013
 DATE

CRUSE & ASSOCIATES
 PROFESSIONAL LAND SURVEYORS
 217 E. Fourth St.
 Ellensburg, WA 98928 (509) 962-6242
 P.O. Box 959
 Ellensburg, WA 98928 (509) 962-6242

WILLARD LOT 2 SHORT PLAT

