

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

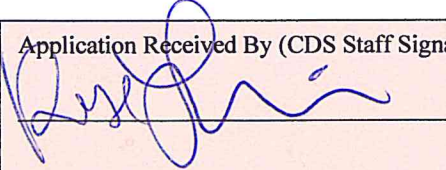
RECEIVED
OCT 29 2013
KITTITAS COUNTY
CDS

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: <u>10/29/13</u>	RECEIPT # <u>19538</u>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>PAID</p> <p>OCT 29 2013</p> <p>KITTITAS CO.</p> <p>DATE STAMP IN BOX</p> </div>

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: Mary Brain
Mailing Address: 906 1/2 Vista Rd
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: 962-2832
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: PO Box 959
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: 962-8242
Email Address: Cruseandaroo@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: 906 1/2 Vista Rd
City/State/ZIP: Ellensburg, WA 98926

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

ptn of Tract 84, State Addition to the City
of Ellensburg

6. Tax parcel number(s): 18-18-36077 - 0006

7. Property size: 3.23 Az. (acres)

8. Land Use Information:

Zoning: Urban Residential §
R-L (city) 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 plat w/ city utilities; access easement to city street right of way*
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?**
None

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)

Chris Cruise

Date:

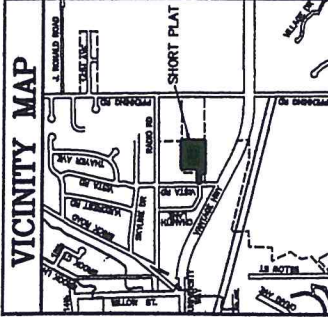
10/22/2013

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

11/01/2013

Date:

10-28-2013



APPROVALS

KITTITAS COUNTY DEPARTMENT OF PUBLIC WORKS
 EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D. 2013

KITTITAS COUNTY ENGINEER _____

KITTITAS COUNTY HEALTH DEPARTMENT
 PRELIMINARY INSPECTION INDICATED SOIL CONDITIONS
 UP TO THE SERVICE SYSTEMS AS A
 TEMPORARY MEANS OF SERVICE WITHOUT
 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., 2013

KITTITAS COUNTY HEALTH OFFICER _____

CERTIFICATE OF COUNTY PLANNING DIRECTOR
 I HEREBY CERTIFY THAT THE BRAIN 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., 2013

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.
 PARCEL NO. 19-18-30077-0006

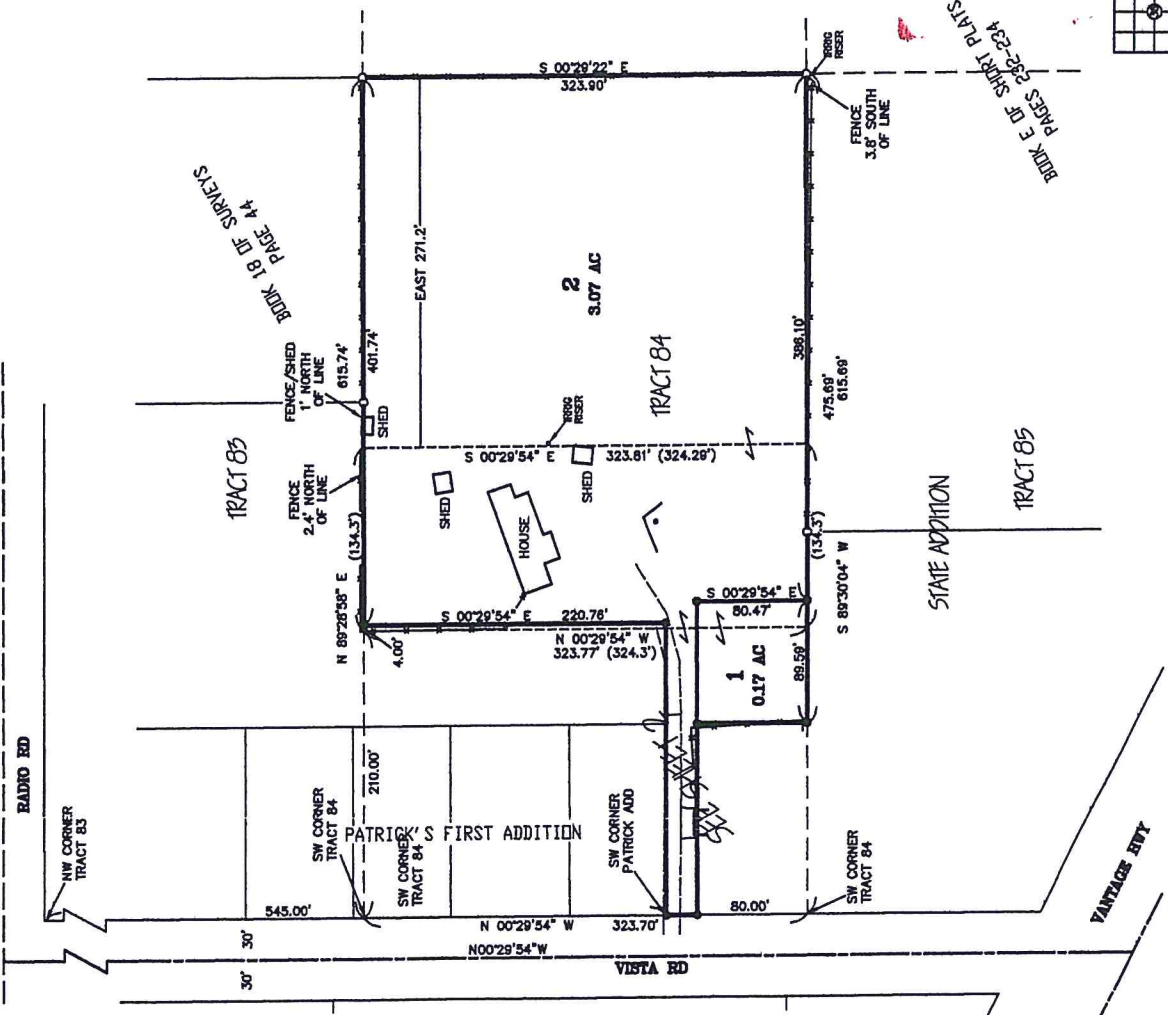
DATED THIS _____ DAY OF _____ A.D., 2013

KITTITAS COUNTY TREASURER _____

NAME AND ADDRESS - ORIGINAL TRACT OWNERS
 NAME: MARY A. BRAIN
 ADDRESS: 606-1/2 VISTA ROAD
 ELLENBURG, WA 99028
 PHONE: (509) 962-2832
 EXISTING ZONE: URBAN RESIDENTIAL
 SOURCE OF WATER: CITY UTILITY
 STORM WATER: NO IMPROVEMENTS FOR THIS APP.
 WIDTH AND TYPE OF ACCESS: COUNTY ROAD R/W
 NO. OF SHORT PLATTED LOTS: TWO (2)
 SCALE: 1" = 40'

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

BRAIN SHORT PLAT
PART OF SECTION 36, T. 18 N., R. 18 E., W.M.
KITTITAS COUNTY, WASHINGTON



SP-13-

(BY FEET)

1 inch = 80 ft.

LEGEND

— SET 5/8" REBAR W/ CAP
 — CRUISE 30615"

— FOUND PIN & CAP

— FENCE

() RECORD INFORMATION

AUDITOR'S CERTIFICATE
 Filed for record this _____ day of _____, 2013, at _____ M., in Book L of Short Plats at page(s) _____ at the request of Cruise & Associates. RECEIVING NO. _____

ERALD V. BETTE 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 Survey Recording Act on the request of MARY BRAIN, CONTRACTOR of 2013.

CRUISE & ASSOCIATES
 PROFESSIONAL LAND SURVEYORS
 217 E. Fourth St.
 Ellensburg, WA 99028
 (509) 962-8242

CHRISTOPHER CRUISE
 Professional Land Surveyor
 License No. 30615
 DATE: 10/22/2013

BRAIN SHORT PLAT

CRUISE & ASSOCIATES
 PROFESSIONAL LAND SURVEYORS
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