



**KITITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES**

411 N. Ruby St., Suite 2, Ellensburg, WA 98926  
CDS@CO.KITITITAS.WA.US  
Office (509) 962-7506  
Fax (509) 962-7682

"Building Partnerships – Building Communities"

**SHORT PLAT APPLICATION**

SP-14-00002

(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

JUL 15 2014

KITITITAS 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
- \$570.00 Public Health Proportion (Additional fee of \$75/hour over 4 hours)

**\$1,640.00 Total fees due for this application (One check made payable to KCCDS)**

**FOR STAFF USE ONLY**

Application Received By (CDS Staff Signature):

*Rose [Signature]*

DATE:

7/15/14

RECEIPT #

**PAID**

JUL 15 2014

**KITITITAS CO.  
CDS**

DATE STAMP IN BOX

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: RAYMOND L BIDDLE & DIANA A BIDDLE  
Mailing Address: 8035 UPPER PEOH POINT ROAD  
City/State/ZIP: CLE ELUM WA 98922  
Day Time Phone: (509) 674-9676  
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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**3. Name, mailing address and day phone of other contact person**

*If different than land owner or authorized agent.*

Name: VANITA KINGCADE  
Mailing Address: 304 W FIRST STREET  
City/State/ZIP: CLE ELUM WA 98922  
Day Time Phone: 509-674-1029  
Email Address: vanitak@johnlscott.com

**4. Street address of property:**

Address: 821 ANDERSON LANE & 8037 UPPER PEOH POINT ROAD  
City/State/ZIP: CLE ELUM WA 98922

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

PARCEL 15551 IS A PTN OF PARCEL 1, BOOK 27, PAGE 152 & A PTN OF PARCEL D, BOOK 14, PAGES 18-19, LOCATED IN SEC 5, TWN 19, RGE. 16

PARCEL 031936 IS A PTN OF PARCEL 1, BOOK 27, PAGE 152, LOCATED IN SEC 8, TWN 19, RGE 16 (BOTH PARCELS MUST BE SOLD TOGETHER)

**6. Tax parcel number(s):** 15551 (19-16-05040-0020) & 031936 (19-16-08010-0013)

**7. Property size:** 15551 IS 1.46 ACRES & 031936 IS 16.60 ACRES (acres)

**8. Land Use Information:**

Zoning: R-5 & AG-5      Comp Plan Land Use Designation: RURAL RES.

**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. yes no
10. **Are Forest Service roads/easements involved with accessing your development?** If yes, explain.
11. **What County maintained road(s) will the development be accessing from?** UPPER PEOH POINT 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 \_\_\_\_\_

\_\_\_\_\_

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

**Date:**

X Raymond J. Balle

7-14-14

# Letter of Transmittal



**Western Washington Division**  
 165 NE Juniper St., Suite 201, Issaquah, WA 98027  
 Tel (425) 392-0250 Fax (425) 391-3055

**Eastern Washington Division**  
 108 East 2<sup>nd</sup> Street, Cle Elum, WA 98922  
 Tel (509) 674-7433 Fax (509) 674-7419

To: **KITTITAS COUNTY CDS** Date: **7-15-2014** Job No. **14052**  
**ELLENSBURG WA** Attn:  
 Re: **BIDDLE PRELIMINARY SHORT PLAT**

**WE ARE SENDING YOU**  Attached  Under separate cover via overnight mail/regular mail the following items:

PRINTS	PLANS	SHOP DRAWINGS	COPY OF LETTER	CHANGE ORDER	SAMPLES	SPECIFICATIONS	SUBMITTAL

COPIES	DATE	NO.	DESCRIPTION
5		2	COPIES WITH CONTOURS
			COUNTY FEES
*3			OVERVIEW LETTER - *1 FOR CDS, 1 FOR PUBLIC WORKS & 1 FOR HEALTH
1			CDS APPLICATION/TRANS. CONCUR. MGMT. APPL./PUBLIC DISC. STMT.
1			8 1/2 X 11 MAP
1			SUBDIVISION GUARANTEE & WELL LOGS

**THESE ARE TRANSMITTED as checked below:**

- For approval
- For your use
- As requested
- For review and comment \_\_\_\_\_
- FOR BIDS DUE \_\_\_\_\_
- Approved as submitted
- Approved as noted
- Returned for corrections
- Resubmit \_\_\_\_\_ copies for approval
- Submit \_\_\_\_\_ copies for distribution
- Return \_\_\_\_\_ corrected prints
- For signature
- PRINTS RETURNED AFTER LOAN TO US

**REMARKS:**

Signature: *Smey Jensen* Title: ENGR. & SURV. TECH.  
 Copy to: File \_\_\_\_\_