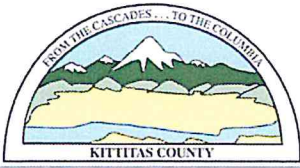


SP-15-00007



KITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITITAS.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

\$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)

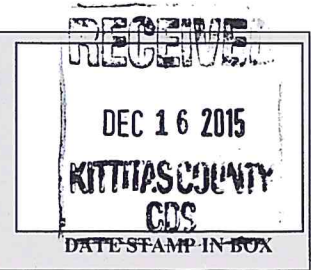
FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

CEB

DATE: 12/16/15

RECEIPT # 0028570



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: Shirley A. Riste

Mailing Address: 6620 S.R. 821

City/State/ZIP: Yakima, WA. 98901

Day Time Phone: 509-930-4993

Email Address: bnsriste@gmail.com

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: _____

Mailing Address: _____

City/State/ZIP: _____

Day Time Phone: _____

Email Address: _____

4. Street address of property:

Address: _____

City/State/ZIP: _____

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

Portion of S.E. 43 section of 28

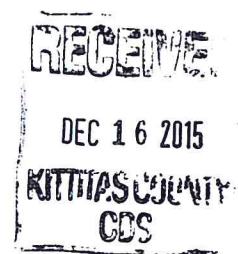
6. Tax parcel number(s): 534233 Senior tax exemption (Sec. 959315)

7. Property size: 71.17 _____ (acres)

8. Land Use Information:

Zoning: Forest 4 Range

Comp Plan Land Use Designation: Rural working land



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.
- 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?**

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:

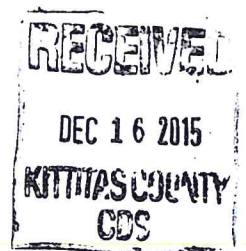
X _____

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

Date:

X Shirley A. Biste

12-16-2015



RISTE SHORT PLAT PROJECT OVERVIEW

OVERVIEW:

The purpose of this application is to create 3 lots consisting of 20 acres, 23 acres, and 28 acres from an existing 71 acre parcel. The property is located within the _____ zone of Kittitas County.

UTILITIES:

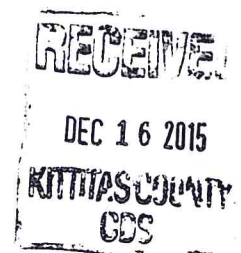
The projects utilities are already in place. Individual septic tank and drain field for 2 of the lots. The 3rd lot is open ground. The water supply is already in place with existing wells.

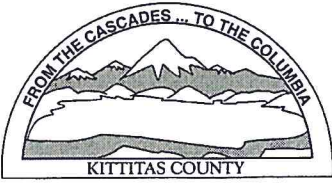
TRANSPORTATION:

Access is off highway 821.

COMMENTS:

Attached are copies of the proposed Short Plat for your review and comment.





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

RECEIPT NO.: 00028570

COMMUNITY DEVELOPMENT SERVICES
(509) 962-7506

PUBLIC HEALTH DEPARTMENT
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS
(509) 962-7523

Account name: 030965

Date: 12/16/2015

Applicant: SHIRLEY RISTE

Type: check # 1904

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
SP-15-00007	CDS FEE FOR SHORT PLAT	720.00
SP-15-00007	EH SHORT PLAT FEE	570.00
SP-15-00007	PUBLIC WORKS SHORT PLAT FEE	220.00
SP-15-00007	FIRE MARSHAL SHORT PLAT FEE	130.00
	Total:	1,640.00