

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"

SP-16-00001

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

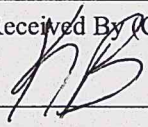

(Optional at submittal, required at the time of final submittal)

- Certificate of Title (Title Report)
- Computer lot closures

APPLICATION FEES:

\$2,320.00	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)
\$3,240.00	Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): 	DATE: <u>4-15-16</u>	RECEIPT # <u>29560</u>	
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: Ron & Deborah Mitchell
Mailing Address: P.O. Box 695
City/State/ZIP: Clatsop, WA 98922
Day Time Phone: (206) 999-4293
Email Address: ron@mitchellcontractors.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: Chuck Cruse / Cruse & Assoc.
Mailing Address: P.O. Box 959
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: (509) 962-8242
Email Address: cruseandassoc@kudley.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: 820 Hidden Valley Terrace
City/State/ZIP: Clatsop, WA 98922

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

Lot 4, Bk D of Short Plats, pgs 47-48;
ptn of S¹/₂ of Sec. 31, T. 20 N., R. 17 E., W. M.

6. Tax parcel number(s): 11292 & 416236


7. Property size: 82.14 Ac. (acres)

8. Land Use Information:

Zoning: Forest & Range Comp Plan Land Use Designation: Rural Working

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. *4 lot SP w/ group B wells, on-site sewage systems & private access easements, per the attached map*
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?** *Emerick 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. 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. Green, Jr.*

Date:

4-13-16

Signature of Land Owner of Record

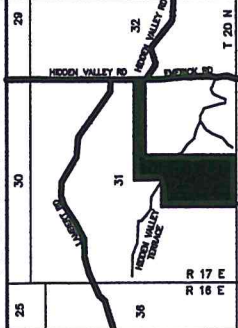
(Required for application submittal):

x *[Handwritten Signature]*

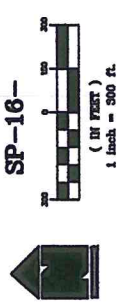
Date:

09/13/16

VICINITY MAP



**MITCHELL SHORT PLAT
PART OF SECTION 31, T. 20 N., R. 17 E., W.M.
KITITIAS COUNTY, WASHINGTON**



LEGEND

- SET 5/8" REBAR W/ YELLOW CAP — "CRUSE 18078"
- FOUND PIN & CAP
- x— FENCE
- WELL
- EASEMENT

ORIGINAL PARCEL DESCRIPTION

LOT 4, OF HIDDEN VALLEY SHORT PLAT, KITITIAS COUNTY SHORT PLAT NO. SP-92-13, AS RECORDED JANUARY 27, 1993, IN BOOK D OF SHORT PLATS, PAGES 47 AND 48, UNDER AUDITOR'S FILE NO. 556513, RECORDS OF KITITIAS COUNTY, STATE OF WASHINGTON, BEING A PORTION OF THE SOUTH HALF OF SECTION 31, TOWNSHIP 20 NORTH, RANGE 17 EAST, W.M., IN THE COUNTY OF KITITIAS, STATE OF WASHINGTON.

AUDITOR'S CERTIFICATE

Filed for record this _____ day of _____, 2016, at _____ M., in Book L of Short Plats at page(s) _____, at the request of Cruse & Associates. RECEIVING NO. _____

JERALD V. PETTIT JR.
KITITIAS COUNTY AUDITOR

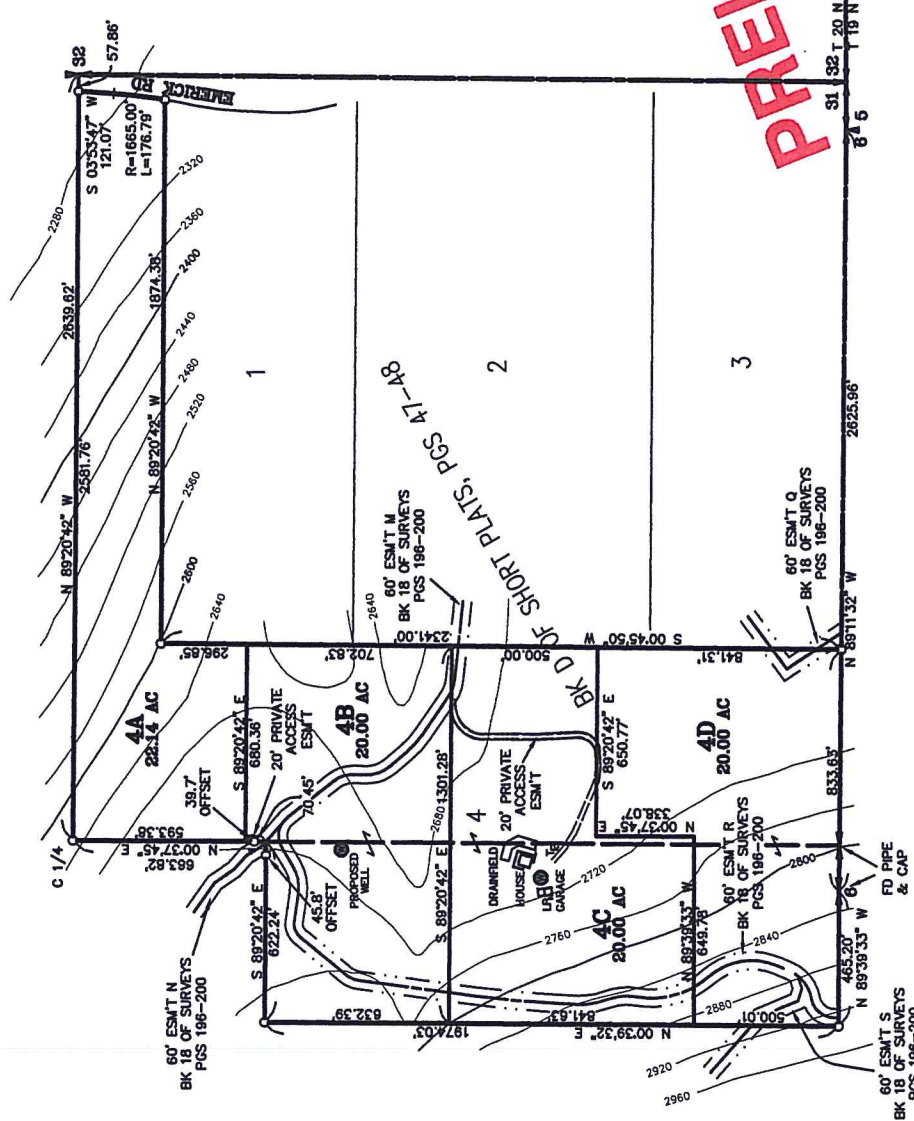
SURVEYOR'S CERTIFICATE

This map correctly represents a survey made by me or under my direction in conformance with the requirements of the Survey Recording Act at the request of ROM MITCHELL in MARCH of 2016.



Charles A. Cruse, Jr.
CHARLES A. CRUSE, JR.
Professional Land Surveyor
License No. 18078
4-14-16
DATE

CRUSE & ASSOCIATES
PROFESSIONAL LAND SURVEYORS
217 E. Fourth St.
Ellensburg, WA 98926 (509) 962-8242
MITCHELL SHORT PLAT



APPROVALS

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

KITITIAS COUNTY ENGINEER _____

KITITIAS 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. 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__

KITITIAS COUNTY HEALTH OFFICER _____

CERTIFICATE OF COUNTY PLANNING DIRECTOR
I HEREBY CERTIFY THAT THE MITCHELL SHORT PLAT HAS BEEN EXAMINED BY ME AND FIND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITITIAS COUNTY PLANNING COMMISSION.

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

KITITIAS COUNTY PLANNING DIRECTOR _____

CERTIFICATE OF KITITIAS 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. 11292 & 418236

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

KITITIAS COUNTY TREASURER _____

NAME AND ADDRESS - ORIGINAL TRACT OWNERS
NAME: ROM & DEBORAH MITCHELL
ADDRESS: P.O. BOX 605
CLE ELLUM, WA 98222-0605
PHONE: (209) 999-4293
EXISTING ZONE: FOREST & RANGE
SOURCE OF WATER: GROUP B WELLS
SEWER SYSTEM: ON SITE SEWAGE SYSTEMS
STORM WATER: NO IMPROVEMENTS FOR THIS APP.
WIDTH AND TYPE OF ACCESS: PRIVATE ACCESS EMITS
TYPE OF SHORT PLAT LOTS: FOUR (4)
SCALE: 1" = 300'

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