LONG PLAT APPLICATION
(To divide lot into 5 or more lots, per KCC Title 16)

A pre-application meeting is required if over nine lots will be created by the proposed subdivision. To schedule a pre-application meeting, complete and submit a “Pre-Application Meeting Scheduling Form” to CDS. Notes or summaries from pre-application meetings should be included with this application.

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

- Eight large copies of plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5” x 11” copy
- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
  - Please pick up a copy of the SEPA Checklist if required
- Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS
(Optional at preliminary submittal, but required at the time of final submittal)

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

APPLICATION FEES:

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kittitas County Community Development Services (KCCDS)</td>
<td>3,335.00</td>
</tr>
<tr>
<td>Kittitas County Department of Public Works</td>
<td>602.00</td>
</tr>
<tr>
<td>Kittitas County Fire Marshal</td>
<td>524.00</td>
</tr>
<tr>
<td>Public Health Proportion (Additional fee of $75/hour over 12.5 hours)</td>
<td>800.00</td>
</tr>
<tr>
<td><strong>Total fees due for this application</strong></td>
<td><strong>$5,261.00</strong></td>
</tr>
</tbody>
</table>

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

DATE: ___________________________ RECEIPT #: ___________________________

DATE STAMP IN BOX

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

FORM LAST REVISED: 01-02-2013
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: _______________________________________________
   Mailing Address: _________________________________________
   City/State/ZIP: _________________________________________
   Day Time Phone: _________________________________________
   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: _______________________________________________
   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):**

   ______________________________________________________
   ______________________________________________________

6. **Tax parcel number:** _________________________________________

7. **Property size:** __________________________________________ (acres)

8. **Land Use Information:**

   Zoning: ___________________ Comp Plan Land Use Designation: ________________

Page 2 of 3
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?**
   Yes  No  (Circle)
   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:**
   Date:
   __________________________  ______________

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