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): ____________________________

DATE: ________________________  RECEIPT #: ______________________

DATE STAMP IN BOX
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(s):** _______________________________________________

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

8. **Land Use Information:**
   
   **Zoning:** _____________________  **Comp Plan Land Use Designation:** ________________
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_________________________________________  ______________