



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

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Office (509) 962-7506

"Building Partnerships – Building Communities"

**SHORT PLAT AMENDMENT APPLICATION**

*(For proposed alteration or vacation, per KCC Title 16)*

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**

- Two large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for short plat drawing requirements) and one small 8.5" x 11" copy
- Project Narrative responding to Questions 9-11 on the following pages.

**OPTIONAL ATTACHMENTS**

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

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

**\*\*\*Final short plat application and associated fees will be required at time of request for final short plat processing. Please see the final short plat application for current fees.**

**APPLICATION FEES:**

\$2,350.00	Kittitas County Community Development Services (KCCDS)
\$420.00	Kittitas County Department of Public Works
\$130.00	Kittitas County Fire Marshal
\$560.00	Kittitas County Public Health
<b>\$3,460.00</b>	<b>Total fees due for this application submittal (One check made payable to KCCDS)</b>

**FOR STAFF USE ONLY**

Application Received By (CDS Staff Signature):  _____	DATE:  _____	RECEIPT #  _____	<div style="border: 2px solid black; width: 100%; height: 100%;"></div> <p><b>DATE STAMP IN BOX</b></p>
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COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

FORM LAST REVISED: 03-30-2020

**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: \_\_\_\_\_

**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:**  
**(REQUIRED if indicated on application)**

**Date:**

X \_\_\_\_\_

\_\_\_\_\_

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

**Date:**

X \_\_\_\_\_

\_\_\_\_\_