

## KIT TITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KIT TITAS.WA.US

Office (509) 962-7506

"Building Partnerships – Building Communities"

**BOUNDARY LINE ADJUSTMENT***(Adjustment of lot lines resulting in no new lots, as defined by KCC 16.10.010)*

**NOTE: If this Boundary Line Adjustment is between multiple property owners, seek legal advice for conveyance of property. This form does not legally convey property.**

**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**

**Note: The following are required per KCC 16.10.020 Application Requirements. A separate application must be filed for each boundary line adjustment request.**

- ☒ Unified Site Plan of existing lot lines and proposed lot lines with distances of all existing structures, access points, wetlands, streams, well heads and septic drainfields to scale.
- ☒ Signatures of all property owners.
- ☒ 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.
- ☒ Provide existing and proposed legal descriptions of the affected lots. Example: Parcel A – The North 75 feet of the West 400 feet of the Southwest quarter of the Southwest quarter of the Southwest quarter of Section 02; Township 20 North; Range 16 East; W.M.; Except the West 30 feet thereof for roads.
- ☒ A certificate of title issued within the preceding one hundred twenty (120) days.

**For final approval (not required for initial application submittal):**

- Full year's taxes to be paid in full.
- Draft Final Survey meeting all conditions of Conditional Preliminary Approval.

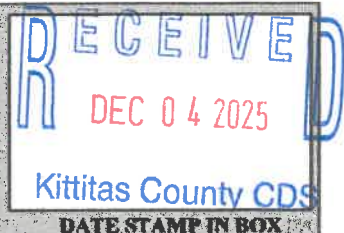
**APPLICATION FEES:**

|             |                                                               |
|-------------|---------------------------------------------------------------|
| \$810.00    | Kittitas County Community Development Services (KCCDS)        |
| \$1,215.00* | Kittitas County Public Works                                  |
| \$145.00    | Kittitas County Fire Marshal                                  |
| \$205.00    | Kittitas County Public Health Department Environmental Health |

**\$2,375.00 Total fees due for this application (One check made payable to KCCDS)**

\*5 hours of review included in Public Works Fee. Additional review hours will be billed at \$243 per hour.

**FOR STAFF USE ONLY**

|                                                                                                                                       |                         |                                |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|---------------------------------------------------------------------------------------|
| Application Received By (CDS Staff Signature):<br> | DATE:<br><u>12/4/25</u> | RECEIPT #<br><u>CD25-02597</u> |  |
|                                                                                                                                       |                         |                                |                                                                                       |

**OPTIONAL ATTACHMENTS**

- ☐ An original survey of the current lot lines. (Please do not submit a new survey of the proposed adjusted or new parcels until after preliminary approval has been issued.)
- ☐ Assessor COMPAS Information about the parcels.

**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: Don Rinehart

Mailing Address: 480 Hungry Junction Rd.

City/State/ZIP: Ellensburg, WA. 98926

Day Time Phone: (509) 899-2674

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: 480 Hungry Junction Rd.

City/State/ZIP: Ellensburg, WA.98926

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

Parcels 1-9, 12-15, & 17 of Book 37 of Surveys at Pages 89-91.

Parcels B & C of Book 20 at Pages 193-194,

**6. Property size:** 231.11 (acres)

**7. Land Use Information:** Zoning: COM. AG. Comp Plan Land Use Designation: COM. AG.

**8. Existing and Proposed Lot Information**

| Original Parcel Number(s) & Acreage<br>(1 parcel number per line) |         |        | New Acreage<br>(Survey Vol. ____, Pg ____) |
|-------------------------------------------------------------------|---------|--------|--------------------------------------------|
| 18-18-21000-0001                                                  | 3.0 AC. | 957181 | 2.10                                       |
| 18-18-21000-0002                                                  | 3.0 AC. | 957182 | 14.17 AC.                                  |
| 18-18-21000-0003                                                  | 3.0 AC. | 957183 | 3.25 AC.                                   |
| 18-18-21000-0004                                                  | 3.0 AC. | 957184 | 3.28 AC.                                   |
| 18-18-21000-0005                                                  | 3.0 AC. | 957185 | 3.0 AC.                                    |

APPLICANT IS: ☒ OWNER ☐ PURCHASER ☐ LESSEE ☐ OTHER

**AUTHORIZATION**

9. 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.

**NOTICE: Kittitas County does not guarantee a buildable site, legal access, available water or septic areas, for parcel receiving approval for a Boundary Line Adjustment.**

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:

Signature of Land Owner of Record

(REQUIRED if indicated on application)

(Required for application submittal):

X \_\_\_\_\_ (date) \_\_\_\_\_

X Dawn C. R. B. (date) 12/4/25

**THIS FORM MUST BE SIGNED BY COMMUNITY DEVELOPMENT SERVICES AND THE TREASURER'S OFFICE PRIOR TO SUBMITTAL TO THE ASSESSOR'S OFFICE.**

**TREASURER'S OFFICE REVIEW**

Tax Status: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMUNITY DEVELOPMENT SERVICES REVIEW**

( ) This BLA meets the requirements of Kittitas County Code (Ch. 16.08.055).

Deed Recording Vol. \_\_\_\_\_ Page \_\_\_\_\_ Date \_\_\_\_\_ \*\*Survey Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Card #: \_\_\_\_\_

Parcel Creation Date: \_\_\_\_\_

Last Split Date: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Preliminary Approval Date: \_\_\_\_\_

By: \_\_\_\_\_

Final Approval Date: \_\_\_\_\_

By: \_\_\_\_\_

**8. Existing and Proposed Lot Information**

Original Parcel Number(s) & Acreage  
(1 parcel number per line)

New Acreage  
(Survey Vol. \_\_\_\_, Pg \_\_\_\_)

|                  |          |        |
|------------------|----------|--------|
| 18-18-21000-0006 | 3.0 AC.  | 957186 |
| 18-18-21000-0007 | 3.0 AC.  | 957187 |
| 18-18-21000-0008 | 3.0 AC.  | 957188 |
| 18-18-21000-0009 | 8.89 AC. | 957189 |
| 18-18-21000-0013 | 2.0 AC.  | 957193 |

|          |
|----------|
| 3.00 AC. |
| 3.00 AC. |
| 3.44 AC. |
| 3.00 AC. |
| 3.11 AC. |

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(REQUIRED if indicated on application)

(Required for application submittal):

X \_\_\_\_\_ (date) \_\_\_\_\_

X  (date) 12/4/25

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Current Zoning District: \_\_\_\_\_

Preliminary Approval Date: \_\_\_\_\_

By: \_\_\_\_\_

Final Approval Date: \_\_\_\_\_

By: \_\_\_\_\_

**8. Existing and Proposed Lot Information**

Original Parcel Number(s) & Acreage  
(1 parcel number per line)

18-18-21030-0003 3.0 AC. **506233**

New Acreage  
(Survey Vol. \_\_\_\_\_, Pg \_\_\_\_\_)

18.33 AC.

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Signature of Authorized Agent:

Signature of Land Owner of Record

(REQUIRED if indicated on application)

(Required for application submittal):

X \_\_\_\_\_ (date) \_\_\_\_\_

X  (date) **12/4/25**

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By: \_\_\_\_\_