

## **PARCEL COMBINATION APPLICATION**

*(The process of combining two or more parcels, 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**

**Note: a separate application must be filed for each combination request.**

- ☐ Unified Site Plan of existing lot lines and proposed lot lines with distances of all existing structures, access points, well heads and septic drainfields.
- ☐ Signatures of all property owners.
- ☐ Legal descriptions of the proposed lots.
- ☐ Project narrative description including at minimum the following information: project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- ☐ Tax Receipt (full-year taxes must be paid in full)
- ☐ A certificate of title issued within the preceding one hundred twenty (120) days.
- ☐ 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

### **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.

### **APPLICATION FEE:**

\$600.00 Community Development Services

\$586.00 Public Works

**\$1,186.00 Total fees due for this application** (Check made payable to KCCDS)

### **FOR STAFF USE ONLY**

APPLICATION RECEIVED BY:  
(CDS STAFF SIGNATURE)

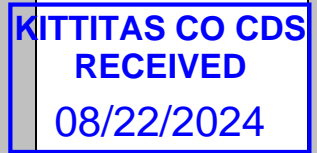
X \_\_\_\_\_

DATE:

8/22/2024

RECEIPT #

\_\_\_\_\_



DATE STAMP HERE

**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: Chris Gourley

Mailing Address: 24533 148th Lake SE

City/State/ZIP: Kent, WA 98042

Day Time Phone: (206) 614-6158

Email Address: CGourley@hermanson.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: Kaytlyn Hamill

Mailing Address: 1221 2nd Ave N

City/State/ZIP: Kent, WA 98032

Day Time Phone: (206) 775-6414

Email Address: khamill@hermanson.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: 450 Elk Meadows RD

City/State/ZIP: Cle Elum, WA 98042

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

ACRES 1.79; ELK MEADOWS; LOTS 11 & 12, BLOCK 1; PTN SEC 22 & 27 IN  
TWP 20, RGE 14

**6. Tax parcel numbers:** 020634

**7. Property size:** 1.79 (acres)

**8. Land Use Information:**

Zoning: Rural 5

Comp Plan Land Use Designation: Rural Residential

**9. Existing and Proposed Lot Information:**

Original Parcel Numbers & Acreage

New Acreage (1 parcel number per line)

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

020634 - 1.79 Acres

240634 - 0.83 Acres

APPLICANT IS: \_\_\_\_ OWNER \_\_\_\_ PURCHASER \_\_\_\_ LESSEE \_\_\_\_ OTHER

**AUTHORIZATION**

10. 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 \_\_\_\_\_

07/29/24

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

Date:

X Christopher C. Hawley \_\_\_\_\_

07/29/24

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**Treasurer's Office Review**

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

Kittitas County Treasurer's Office

**COMMUNITY DEVELOPMENT SERVICES REVIEW**

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: \_\_\_\_\_

