BL-18-00006



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506 Fax (509) 962-7682

"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 <u>each</u> boundary line adjustment 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 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 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 <u>final approval</u> (not required for initial application submittal):

- Full year's taxes to be paid in full.
- Recorded Survey.

APPLICATION FEES:

\$730.00	Kittitas County Community Development Services (KCCDS)
\$275.00	Kittitas County Department of Public Works
\$145.00	Kittitas County Fire Marshal
\$280.00	Kittitas County Public Health Department Environmental Health

\$1,430.00 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY



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

	Name:	Dave Garrison
2.	Mailing Address: City/State/ZIP: Day Time Phone:	17317 SE LAKE MONEYSMITH ROAD
		AUBURN, WA 98092
		253-293-2113
		bowhunterdave@comcast.net
	Email Address:	
		ess and day phone of authorized agent, if different from landowner of record: t is indicated, then the authorized agent's signature is required for application submitte
	Agent Name:	
	Mailing Address:	
	City/State/ZIP:	
	Day Time Phone:	
	2 47 1 11110 1 110110.	
	Email Address:	
	Email Address: Name, mailing addre	ess and day phone of other contact person owner or authorized agent.
	Email Address: Name, mailing addre	
	Email Address: Name, mailing addre If different than land of Name:	owner or authorized agent.
	Email Address: Name, mailing addre If different than land of Name: Mailing Address:	owner or authorized agent. Encompass Engineering & Surveying
	Email Address: Name, mailing addre If different than land of Name: Mailing Address: City/State/ZIP:	Encompass Engineering & Surveying 407 Swiftwater Blvd.
	Email Address: Name, mailing addre If different than land of Name: Mailing Address:	Encompass Engineering & Surveying 407 Swiftwater Blvd. Cle Elum, WA 98922
	Email Address: Name, mailing addre If different than land of Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address:	Encompass Engineering & Surveying 407 Swiftwater Blvd. Cle Elum, WA 98922 509-674-7433 dpierce@encompasses.net
	Email Address: Name, mailing addre If different than land of Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Street address of pro	Encompass Engineering & Surveying 407 Swiftwater Blvd. Cle Elum, WA 98922 509-674-7433 dpierce@encompasses.net
	Email Address: Name, mailing addre If different than land of Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Street address of pro	Encompass Engineering & Surveying 407 Swiftwater Blvd. Cle Elum, WA 98922 509-674-7433 dpierce@encompasses.net
	Email Address: Name, mailing addre If different than land of Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Street address of pro Address: City/State/ZIP:	Encompass Engineering & Surveying 407 Swiftwater Blvd. Cle Elum, WA 98922 509-674-7433 dpierce@encompasses.net perty: 41 Sunshine Ridge Rd. Cle Elum, WA 98922 property (attach additional sheets as necessary):

8.	Existing and Proposed Lot Information	
	Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol, Pg)
	19-16-08040-0019, 20.67 Acres	6.52 Acres
	19-16-08040-0024, 1.00 Acre	1.00 Acre
	19-16-08040-0025, 7.00 Acres	21.15 Acres
	APPLICANT IS: OWNER	Purchaser Lessee Other
9.	Application is hereby made for permit(s) twith the information contained in this a information is true, complete, and accur	AUTHORIZATION to authorize the activities described herein. I certify that I am familiar application, and that to the best of my knowledge and belief such rate. I further certify that I possess the authority to undertake the agencies to which this application is made, the right to enter the oposed and or completed work.
parcel <u>A</u>	l receiving approval for a Boundary Line A	a buildable site, legal access, available water or septic areas, for Adjustment. nitted to the Land Owner of Record and copies sent to the authorized
_	ture of Authorized Agent:	Signature of Land Owner of Record
_	UIRED if indicated on application)	(Required for application submittal):
X	(date)	X Danil E Farrison (date) 3/30/18
THIS		Y DEVELOPMENT SERVICES AND THE TREASURER'S OFFICE TTAL TO THE ASSESSOR'S OFFICE.
	TREAS	SURER'S OFFICE REVIEW
Tax S	tatus: By: _	Date:
	COMMUNITY D	DEVELOPMENT SERVICES REVIEW
() This BLA meets the requirements of Kitting	tas County Code (Ch. 16.08.055).
	Deed Recording Vol Page I	Date**Survey Required: Yes No
(Card #:	Parcel Creation Date:
L	ast Split Date:	Current Zoning District:
	reliminary Approval Date:	Ву:
	inal Approval Date:	