

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.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 <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.
- Draft Final Survey meeting all conditions of Conditional Preliminary Approval.

APPLICATION FEES:

\$380.00	Kittitas County Public Health Department Environmental Health
\$145.00	Kittitas County Fire Marshal
\$275.00	Kittitas County Department of Public Works
\$740.00	Kittitas County Community Development Services (KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

DATE:

Q-23-2020

RECEIPT #

SEP 2 3 2020

MINUSA MAN BOX CDS

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

Landowner(s) signatu	KINDED EED LOUNES			
Name:	KIMBERLEE R. LOHNES			
Mailing Address:	1021 SCOTT DRIVE			
City/State/ZIP:	CLE ELUM WA 98922-9463			
Day Time Phone:	425-241-1011			
Email Address:	kim@kimlohnes.com			
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:				
Day Time Thone.				
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	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:	ENCOMPASS ENGINEERING & SURVEYING 407 SWIFTWATER BLVD CLE ELUM WA 98922 509-674-7433 MKirkpatrick@EncompassES.net			
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 MKirkpatrick@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 MKirkpatrick@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: Legal description of parcel of parcel C, BOOK 15 OC	ENCOMPASS ENGINEERING & SURVEYING 407 SWIFTWATER BLVD CLE ELUM WA 98922 509-674-7433 MKirkpatrick@EncompassES.net sperty: 870 SCOTT DRIVE & 1021 SCOTT DRIVE			

8.	Existing and Proposed Lo	t Information				
	Original Parcel Number(s)		New Acreage			
	(1 parcel number per line)		(Survey Vol, Pg)			
	218936 (20-14-21040-0007) 10.56 ACRES	16.11 ACRES			
	049036 (20-14-21040-0010) 10.56 ACRES	5.01 ACRES			
	APPLICANT IS: X	OwnerPurcha	SERLESSEEOTHER			
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.					
a	All correspondence and notice and		the Land Owner of Record and copies sent to the authorized Signature of Land Owner of Record			
	OUIRED if indicated on app	dication)	(Required for application submittal):			
	• •		X un bidi R XI MUS (date) 8/18/200			
X		(date)	X 11h Delle 1 Note 111 (date) 8/18/300			
THIS	S FORM MUST BE SIGNED I	BY COMMUNITY DEVE	LOPMENT SERVICES AND THE TREASURER'S OFFICE			
			THE ASSESSOR'S OFFICE.			
		TREASURER'S	OFFICE REVIEW			
Tax S	tatus:					
Tax S		Ву:	Date:			
	<u>(</u>	By:	Date:			
) This BLA meets the requi	By:	Date: MENT SERVICES REVIEW y Code (Ch. 16.08.055).			
(This BLA meets the requi	By:	Date:			
() This BLA meets the requi Deed Recording Vol Card #:	By:	Date:			
((L	This BLA meets the requi	By: COMMUNITY DEVELOPY rements of Kittitas Count Page Date	Date:			