BL-23-00018



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.

- AND |
- 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 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):

Cartle Public

BATE:

RECEIPT #

CP23-0211

AUG 2 4 2023

Kittitas County CD S

DATE STAMP IN BOX

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.

7.

GENERAL APPLICATION INFORMATION

	Name:	(s) required on application form Jimmie Wayne & Elizabeth J Pendley		
	Mailing Address: City/State/ZIP: Day Time Phone: Email Address:	2130 Killmore Rd		
		Ellensburg, WA 98926		
		509-929-0316		
		pendleyjim248@gmail.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:	<u> </u>		
	Day Time Phone: Email Address:			
	Email Address:	s and day phone of other contact person oner or authorized agent.		
	Email Address: Name, mailing address			
	Email Address: Name, mailing address If different than land ow	oner or authorized agent.		
	Email Address: Name, mailing address If different than land ow Name:	Ryan D & Katelyn E Stetner		
	Email Address: Name, mailing address If different than land ow Name: Mailing Address:	Ryan D & Katelyn E Stetner 113 W Joanna Pl		
	Email Address: Name, mailing address If different than land ow Name: Mailing Address: City/State/ZIP:	Ryan D & Katelyn E Stetner 113 W Joanna Pl Ellensburg, WA 98926		
	Email Address: Name, mailing address If different than land ow Name: Mailing Address: City/State/ZIP: Day Time Phone:	Ryan D & Katelyn E Stetner 113 W Joanna Pl Ellensburg, WA 98926 509-398-1032 krstetner@gmail.com		
	Email Address: Name, mailing address If different than land ow Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address:	Ryan D & Katelyn E Stetner 113 W Joanna Pl Ellensburg, WA 98926 509-398-1032 krstetner@gmail.com		
	Email Address: Name, mailing address If different than land ow Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Street address of proportions	Ryan D & Katelyn E Stetner 113 W Joanna Pl Ellensburg, WA 98926 509-398-1032 krstetner@gmail.com		
	Email Address: Name, mailing address If different than land ow Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Street address of proper Address: City/State/ZIP:	Ryan D & Katelyn E Stetner 113 W Joanna Pl Ellensburg, WA 98926 509-398-1032 krstetner@gmail.com erty: 2130 Killmore Rd		

8.	Existing and Proposed Lot Information			
	Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol, Pg)		
	Parcel #219233 9.84 acres	Parcel #219233 9.84 acres		
	Parcel #189233 10.0 acres	Parcel #189233 10.0 acres		
	APPLICANT IS: X OWNER PURC	CHASEROTHER		
9.	Application is hereby made for permit(s) to autwith the information contained in this application is true, complete, and accurate. I factivities. I hereby grant to the agencies to while location to inspect the proposed and or complete			
parcel	receiving approval for a Boundary Line Adju-			
All age	correspondence and notices will be transmitted ent or contact person, as applicable.	I to the Land Owner of Record and copies sent to the authorized		
Signatu	ure of Authorized Agent:	Signature of Land Owner of Record		
(REQU	TRED if indicated on application)	(Required for application submittal):		
x	(date)	x full toudly (date) 8-24-2023		
THIS	FORM MUST BE SIGNED BY COMMUNITY D PRIOR TO SUBMITTAL	EVELOPMENT SERVICES AND THE TREASURER'S OFFICE TO THE ASSESSOR'S OFFICE.		
	TREASURE	ER'S OFFICE REVIEW		
Tax Sta	By:	Date:		
()	COMMUNITY DEVE	County Code (Ch. 16.08.055).		
		**Survey Required: Yes No		
Ca	ard #:	Parcel Creation Date:		
	st Split Date:	Current Zoning District:		
	eliminary Approval Date:	Ву:		
	nal Approval Date:			