

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: Craig & Melanie George
Mailing Address: 322 E. Taneum Rd.
City/State/ZIP: Tnorp WA 98946
Day Time Phone: (509) 929-5334
Email Address: foothillsfarm@fairpoint.net

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: Chris Cruse
Mailing Address: PO Box 959
City/State/ZIP: Ellensburg WA 98926
Day Time Phone: (509) 962-8242
Email Address: chris@cruseandassoc.com

4. **Street address of property:**

Address: NKA W. Depot Rd.
City/State/ZIP: Tnorp WA 98946

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

Portions of Sections 11, 14, 18N, 21E, WM - Sec. title report for full description

6. **Property size:** 20.35 Assessed _____ (acres)

7. **Land Use Information:** Zoning: Ag-20 Comp Plan Land Use Designation: R-W

8. Existing and Proposed Lot Information

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

New Acreage
(Survey Vol. _____, Pg. _____)

952037 - 6.00Ac

6.00

523233 - 14.35Ac

16.78Ac ← Surveyed area

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 Booth-Griggs (date) 8-2-24

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: Paid in full

By:

[Signature]

Date: 2/17/20

COMMUNITY DEVELOPMENT SERVICES REVIEW

() This B.L.A. 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: _____