LP-18-00003



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"

LONG PLAT APPLICATION

(To divide lot into 5 or more lots, per KCC Title 16)

A <u>preapplication conference is REOUIRED</u> if proposing more than nine (9) lots per KCC 15A.03.020 for this permit. The more information the County has early in the development process, the easier it is to identify and work through issues and conduct an efficient review. To schedule a preapplication conference, complete and submit a Preapplication Conference Scheduling Form to CDS. Notes or summaries from preapplication conference should be included with this application.

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

- Eight large copies of plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5" x 11" copy
- □ SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
 - o Please pick up a copy of the SEPA Checklist if required)
- ☐ Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS

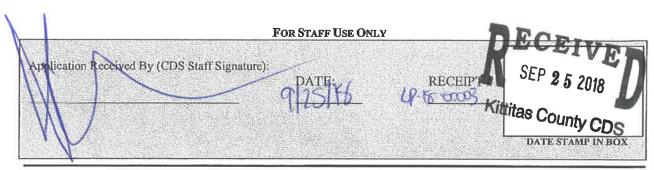
(Optional at preliminary submittal, but required at the time of final submittal)

- Certificate of Title (Title Report)
- Computer lot closures

***Final plat application and associated fees will be required at time of request for final plat processing. Please see the final plat application for current fees.

APPLICATION FEES:

| \$4,460.00 | Kittitas County Community Development Services (KCCDS) *Preliminary Plat Fee |
|------------|---|
| \$1,020.00 | Kittitas County Department of Public Works |
| \$524.00 | Kittitas County Fire Marshal |
| \$970.00 | Kittitas County Public Health |
| \$6,974.00 | Total fees due for this application submittal (One check made payable to KCCDS) |



COMMUNITY PLANNING . BUILDING INSPECTION . PLAN REVIEW . ADMINISTRATION . PERMIT SERVICES . CODE ENFORCEMENT . FIRE INVESTIGATION

GENERAL APPLICATION INFORMATION

| Name, n | ier(s) signatui | elb) required on approachorization. | | | | |
|---|--|---|--|--|--|--|
| Name: | | Talisman Townhomes LLC | | | | |
| Mailing A | Address: | 735 Market ST | Andrew Address Mary Mary Mary Mary Mary Mary Mary Mary | | | |
| City/Stat | | Tacoma, WA 98402 | | | | |
| Day Tim | | 253-851-8383 | · | | | |
| Email Ac | | davegintz444@gmail.com | | | | |
| Name, m | 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 submit | | | | | |
| Agent Na | ıme: | | | | | |
| Mailing A | Address: | | | | | |
| City/State | e/ZIP: | | | | | |
| | e Phone: | | | | | |
| Day Time | | | | | | |
| Day Time | ldress: | | | | | |
| Email Ad | ailing addres | es and day phone of other contact person wher or authorized agent. | | | | |
| Email Ad | ailing addres | | | | | |
| Email Ad Name, m | ailing addres | wner or authorized agent. | | | | |
| Email Ad Name, m If different Name: | ailing addres at than land or Address: | wner or authorized agent. Encompass Engineering & Surveying | | | | |
| Email Ad Name, m If different Name: Mailing A | ailing addres at than land or Address: | Encompass Engineering & Surveying 407 Swiftwater BLVD | | | | |
| Email Ad Name, m If different Name: Mailing A | ailing addres at than land or Address: E/ZIP: | Encompass Engineering & Surveying 407 Swiftwater BLVD Cle Elum, WA 98922 | | | | |
| Email Ad Name, m If different Name: Mailing A City/State Day Time Email Ad | ailing addres at than land or Address: E/ZIP: | Encompass Engineering & Surveying 407 Swiftwater BLVD Cle Elum, WA 98922 509-674-7433 tteonard@encompasses.net | | | | |
| Email Ad Name, m If different Name: Mailing A City/State Day Time Email Ad | ailing addres at than land or Address: E/ZIP: Phone: dress: | Encompass Engineering & Surveying 407 Swiftwater BLVD Cle Elum, WA 98922 509-674-7433 tteonard@encompasses.net | | | | |
| Email Ad Name, m If different Name: Mailing A City/State Day Time Email Ad Street ad | ailing addresst than land on Address: E/ZIP: Phone: dress: dress of prop | Encompass Engineering & Surveying 407 Swiftwater BLVD Cle Elum, WA 98922 509-674-7433 tleonard@encompasses.net | | | | |
| Email Ad Name, m If different Name: Mailing A City/State Day Time Email Ad Street ad Address: City/State Legal des | ailing address at than land or Address: E/ZIP: Phone: dress: dress of prop | Encompass Engineering & Surveying 407 Swiftwater BLVD Cle Elum, WA 98922 509-674-7433 tleonard@encompasses.net serty: XXX Big Hill Dr. | | | | |
| Email Ad Name, m If different Name: Mailing A City/State Day Time Email Ad Street ad Address: City/State Legal des TRACT B, | ailing address than land of Address: Address: Phone: dress: dress of prop | Encompass Engineering & Surveying 407 Swiftwater BLVD Cle Elum, WA 98922 509-674-7433 tleonard@encompasses.net erty: XXX Big Hill Dr. Cle Elum, WA 98922 roperty (attach additional sheets as necessary): | | | | |

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

| 9. | | attachment): Please include at minimum the following information in ation, water supply, sewage disposal and all qualitative features of the osal in the description. |
|-----|--|--|
| 10. | TC | ved with accessing your development? Yes ((Circle) |
| 11. | What County maintained road(s) will the | development be accessing from? Nearest County road is Bullfrog Rd. |
| | | AUTHORIZATION |
| 0.7 | the information contained in this application true, complete, and accurate. I further cert hereby grant to the agencies to which this inspect the proposed and or completed work | authorize the activities described herein. I certify that I am familiar with n, and that to the best of my knowledge and belief such information is tify that I possess the authority to undertake the proposed activities. I application is made, the right to enter the above-described location to . itted to the Land Owner of Record and copies sent to the authorized |
| | ure of Authorized Agent: UIRED if indicated on application) | Date: |
| X | 2000 | |
| | ure of Land Owner of Record ired for application submittal): | Date: |
| v C | | 9-19-18 |

Transmittal



Western Washington Division

165 NE Juniper St., Suite 201, Issaquah, WA 98027 Tel (425) 392-0250 Fax (425) 391-3055

Eastern Washington Division

407 Swiftwater Blvd, Cle Elum, WA 98922 Tel (509) 674-7433 Fax (509) 674-7419

| : Kittitas County | Date: 9/2 | 25/18 Job No. 18088 |
|--------------------------------|--------------|--|
| Community Development Services | Attn: | |
| Ellensburg, WA | Re: Suncadia | a – Talisman Townhomes Preliminary Pla |

WE ARE SENDING YOU

X Attached

— Under separate cover via <u>overnight mail/regular mail</u> the following items:

| COPIES | DATE | NO. | DESCRIPTION |
|--------|------|-----|-------------------------|
| 1 | | 1 | Long Plat Application |
| 1 | | 2 | SEPA Checklist |
| 8 | | 3 | Site Development Plan |
| 1 | | 4 | Project Narrative |
| 1 | 1 | 5 | Site Utilities Summary |
| 8 | | 6 | Conceptual Utility Plan |
| 8 | | 7 | Preliminary Plat Sheets |
| 1 | | 8 | Subdivision Guarantee |

| REMARKS: | | |
|---------------|--|--|
| | | |
| | | |
| | | |
| Copy to: File | | |