

APPLICA (CDS STA

NOTES:

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

LONG PLAT APPLICATION

(To divide lot into 5 or more lots)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO KCC 15A.03.030, 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

Address list of all landown applicant, then the 500 foo Homeowners' or Road Ass	airements) and one small 8.5 ers within 500 feet of the su t area shall extend from the sociation, then please includaired if your subdivision cor	"x 11" copy bject parcel(s). If adjoining parthest parcel. If the parcel e the mailing address of the	is within a subdivision with a			
(Optional at p		TTACHMENTS required at the time of fine	al submittal)			
Certificate of Title (Title Report) Computer lot closures FEES: \$200 plus \$10 per lot for Public Works Department:						
\$200 plus \$10 per lot for Public Works Department; \$625 plus \$75 per hour over 12.5 hours for Environmental Health Department; \$2000 for Community Development Services Department, PLUS \$400 if SEPA Checklist is required *One check made payable to KCCDS						
LP-08-00021 FOR STAFF USE ONLY						
ATION RECEIVED BY: AFF SIGNATURE) WWWDEVG	DATE: 5.6.08	RECEIPT # 00000985	MAY Q 6 2008 KITHWAS COUNTY CDS			

1	١.		nd day phone of land owner(s) of record: required on application form.
		Name:	Craig and Reesa Duncan
		Mailing Address:	6320 Cove Road
		City/State/ZIP:	Ellensburg, WA 98926
		Day Time Phone:	899-2186
		Email Address:	
2	2.		nd day phone of authorized agent (if different from land owner of record): ndicated, then the authorized agent's signature is required Chris Cruse
		Mailing Address:	P.O. Box 959
		City/State/ZIP:	Ellensburg, WA 98926
		Day Time Phone:	962-8242
		Email Address;	
3.		Street address of proper	y:
		Address:	6320 Cove Road
		City/State/ZIP:	Ellensburg, WA 98926
4.		Legal description of prop Parcel B in Book 25	perty: of surveys at page 57 and 58.
5.		Tax parcel number(s): 1	7-18-07030-0018
6.		Property size: 21.57	(acres)
7.		location, water supply, se	ption: Please include the following information in your description: describe project size wage disposal and all qualitative features of the proposal; include every element of the (be specific, attach additional sheets as necessary):

7 lot plat with individual wells and septic systems all as per the application map.

8.	Are Forest Service roads/easements involved with accessing your development of the service roads/easements involved with accessing your development of the service roads/easements involved with accessing your development of the service roads/easements involved with accessing your development of the service roads/easements involved with accessing your development of the service roads/easements involved with accessing your development of the service roads/easements involved with accessing your development of the service roads/easements involved with accessing your development of the service roads/easements involved with accessing your development of the service roads/easement of the service	ment? Yes 😽 (0	Circle)
9.	What County maintained road(s) will the development be accessing from?	Cove Road	

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.

All correspondence and notices will be mailed to the Land Owner of Record and copies sent to the authorized agent.

Signature	of Authorized	Agent:
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(REQUIRED if indicated on application)

Date:

Signature of Land Owner of Record

(Required for application submittal):

Date:

x Xeesa Arenean

