Jeff Watson

From: Christina Wollman

Sent: Friday, September 27, 2013 1:49 PM

To: Jeff Watson

Subject: RE: CB-13-00001 Watt

No comments.

Christina Wollman, AICP CFM

Planner II | Floodplain Manager [p] 509.962.7051 | [f] 509.962.7663

From: Jeff Watson

Sent: Friday, September 27, 2013 1:48 PM

To: Christina Wollman Subject: CB-13-00001 Watt

CB-13-00001 Watt

Comments?

Jeffrey A. Watson
Planner II

<u>Kittitas County Public Works/Community Development Services</u>
411 North Ruby
Ellensburg WA 98926
<u>jeff.watson@co.kittitas.wa.us</u>
509-933-8274

Notice: All email sent to this address will be received by the Kittitas County email system and may be subject to public disclosure under Chapter 42.56 RCW and to archiving and review.

message id: 38eb45916c6dcbdac24bb8719d004a14

Jeff Watson

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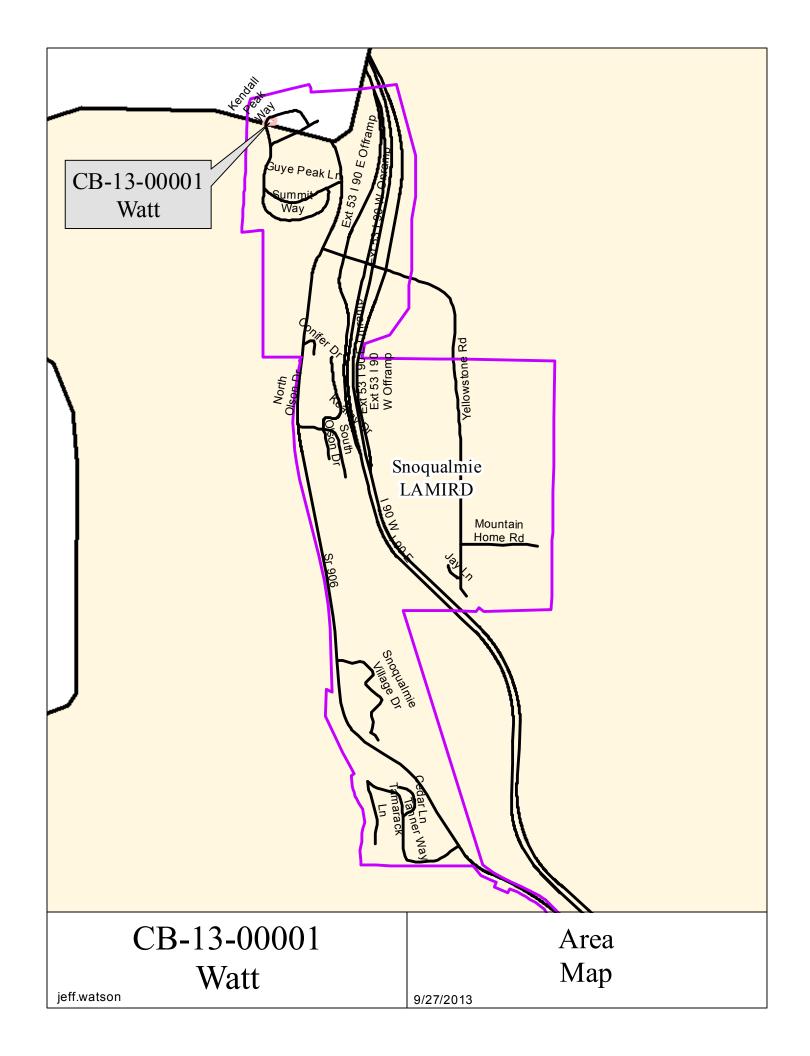
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Comments?

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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"

PARCEL COMBINATION APPLICATION (The process of combining two or more parcels, per KCC Title 16)

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: a separate application must be filed for each combination request. | |
|---|-------------------------------|
| Unified Site Plan of existing lot lines and proposed lot lines with distances of all existing well heads and septic drainfields. Signatures of all property owners. Legal descriptions of the proposed lots. Project narrative description including at minimum the following information: project sewage disposal and all qualitative features of the proposal; include every element of the 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) | size, location, water supply, |
| An original survey of the current lot lines. (Please do not submit a new survey of the parcels until after preliminary approval has been issued.) Assessor Compas Information about the parcels. | roposed adjusted or new |
| \$50.00 Community Development Services \$50.00 Total fees due for this application (Check made payable to KCCDS) | CB-13-00001 |

FOR STAFF USE ONLY

APPLICATION RECEIVED BY: RECEIPT# (CDS STAFF SIGNATURE) DATE:



GENERAL APPLICATION INFORMATION

| 1. | | nme, mailing address and day phone of land owner(s) of record: ndowner(s) signature(s) required on application form. | | | |
|----|---|--|--|--|--|
| | Name: | Karl and Jennifer Watt | | | |
| | Mailing Address: | 3050 39th Ave SW | | | |
| | City/State/ZIP: | Seattle WA 98116 | | | |
| | Day Time Phone: | 206-683-5151 | | | |
| | Email Address: | Karl.watt@gmail.com | | | |
| 2. | Name, mailing address and day phone of authorized agent, if different from landowner of record: fan 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 at If different than land owner | nd day phone of other contact person or or authorized agent. | | | |
| | Name: | | | | |
| | Mailing Address: | | | | |
| | City/State/ZIP: | | | | |
| | Day Time Phone: | | | | |
| | Email Address: | | | | |
| 4. | Street address of propert | t address of property: | | | |
| | Address: | 21 and 25 Kendall Peak Way | | | |
| | City/State/ZIP: | Snoqualmie Pass WA 98068 | | | |
| 5. | Legal description of property (attach additional sheets as necessary): Village at the Summit Division 2 lots 6A and 6B section 4 Township 22 Range 11 | | | | |
| 6. | Tax parcel numbers: 212536 and 222536 | | | | |
| 7. | Property size: Lot A is .06 acres and Lot B is .07 acres (acres) | | | | |
| 8. | Land Use Information: | | | | |
| ~, | Zoning: Land use co | de 19 Comp Plan Land Use Designation: | | | |

| 9. | Existing and Proposed Lot Information | ii y y y y y y y y y y y y y y y y y y |
|---------|---|---|
| | Original Parcel Numbers & Acreage | New Acreage (1 parcel number per line) |
| | | (Survey Vol, Pg) |
| | 212536 .06 acres | Remove zero lot line and combine parcels to |
| | 222536 .07 acres | 0.13 acres |
| | | |
| | | |
| | APPLICANT IS: OWNER | PURCHASER LESSEE OTHER |
| | | AUTHORIZATION |
| 10. | with the information contained in information is true, complete, and proposed activities. I hereby grant above-described location to inspect t | it(s) to authorize the activities described herein. I certify that I am familiar this application, and that to the best of my knowledge and belief such accurate. I further certify that I possess the authority to undertake the to the agencies to which this application is made, the right to enter the proposed and or completed work. **Tansmitted to the Land Owner of Record and copies sent to the authorized** |
| age | ent or contact person, as applicable. | |
| | are of Authorized Agent: URED if indicated on application) | Date: |
| X | | |
| | re of Land Owner of Record | Date: |
| X_17 | Mullett | 7/14/13 |
| K | mullatt | 7/14/13 |
| | O | Treasurer's Office Review |
| Tax Sta | atus: | By: Date: |
| | | Kittitas County Treasurer's Office |





KITTITAS COUNTY PERMIT CENTER 411 N. RUBY STREET, ELLENSBURG, WA 98926

RECEIPT NO.:

00018158

COMMUNITY DEVELOPMENT SERVICES

(509) 962-7506

PUBLIC HEALTH DEPARTMENT (509) 962-7698

DEPARTMENT OF PUBLIC WORKS

(509) 962-7523

Account name:

027321

Date: 7/19/2013

Applicant:

WATT, KARL K ETUX

Type:

check

5121

Permit Number

CB-13-00001

| Fee Description | | Amount |
|--------------------|--------|--------|
| PARCEL COMBINATION | | 50.00 |
| - | Total: | 50.00 |