

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

DATE STAMP HERE

"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 structures, access points, 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 size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description. Tax Receipt (full-year taxes must be paid in full) SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800) Please pick up a copy of the SEPA Checklist if required)						
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.						
			RECEIVED			
\$590.00 Community Development S	APPLICATION FEE:		SEP 1 4 2017			
\$150.00 Public Works						
\$740.00 Total fees due for this app	lication (Check made payable to FOR STAFF USE ONLY	KCCDS) K(fi	PAID			
			SEP 1 4 2017			
APPLICATION RECEIVED BY: (CDS STAFF SIGNATURE) X	DATE:	RECEIPT #	KITTITAS CO. CDS			

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:	Ellen Steinberg			
	Mailing Address:	7009 S 129th PI			
	City/State/ZIP:	Seattle, WA 98178			
	Day Time Phone:	206-459-6362			
	Email Address:	ellen.c.steinberg@gmail.com			
2.	Name, mailing address If an authorized agent is	s and day phone of authorized agent, if different from landowner of record: s 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.	3. Name, mailing address and day phone of other contact person If different than land owner or authorized agent.				
	Name:				
	Mailing Address:				
	City/State/ZIP:				
	Day Time Phone:				
	Email Address:				
4.	Street address of prop	erty:			
	Address:				
	City/State/ZIP:				
Auditor's Fil	nd 3 of Spence Short Plat, Kit	roperty (attach additional sheets as necessary): titas County Short Plat No. SP-06-126, as recorded July 2008, in Book J of Short Plats, pages 203 and 204, under ds of Kittitas County, State of Washington; being a portion of the SW 1/4 of the NE 1/4 of the SE 1/4 of Section 8, as County, State of Washington, except that portion which lies Northerly of the existing 60 foot road right of way.			
6.	Tax parcel numbers:	954767, 954768, 954769			
7.	Property size: 3.15	ac, 3.15 ac, 3.15 ac. (acres)			
8.	Land Use Information	ı :			
	Zoning: rural 5	Comp Plan Land Use Designation:			

9.	Existing and Proposed Lot Information:	
(Original Parcel Numbers & Acreage	New Acreage (1 parcel number per line)
		(Survey Vol, Pg)
	954767: 3.15 ac	9.45 ac
	954768: 3.15 ac	
	954769: 3.15 ac	**************************************
	APPLICANT IS: X OWNER	PURCHASEROTHER
		AUTHORIZATION
<u>All c</u>	with the information contained in the information is true, complete, and a proposed activities. I hereby grant to above-described location to inspect the	(s) to authorize the activities described herein. I certify that I am familiar his 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 exproposed and or completed work. **Insmitted to the Land Owner of Record and copies sent to the authorized**
	e of Authorized Agent: RED if indicated on application)	Date:
X		
	re of Land Owner of Record ad for application submittal):	Date:
x <u>Sla</u>	they have the second of the se	<u>-1/11/17</u>
		Freasurer's Office Review
Tax Statu	us: By	/:Date:

Kittitas County Treasurer's Office

Parcel Combination Application: Parcels 954767, 945768, and 954769.

Proposal to re-combine lots 1, 2 and 3 of the Spence Short Plat, Kittitas County Short Plat No. SP-06-126, as recorded July 2008, in Book J of Short Plats, pages 203 and 204, under Auditor's File No. 2008007080026, records of Kittitas County, State of Washington; being a portion of the SW 1/4 of the NE 1/4 of the SE 1/4 of Section 8, Township 19 N, Range 16 E, W.M., Kittitas County, State of Washington, except that portion which lies Northerly of the existing 60 foot road right of way.

Eventual plans for the property include a phased studio/guest house and eventual house. Water is intended to be supplied by a well located on parcel 954769. Sewage disposal will be via septic system located on the combined parcels.



Step 1: Select Payments

Step 2: Review and Sulamit

Step 3: Confirmation and Receipt

Step 3: Confirmation and Receipt

Result: Payment Authorized Confirmation Number: 35328841

Your payment has been authorized successfully and payment will be processed.

Kittitas County Treasurer thanks you for your payment. For questions about your account, please call 509-962-7535. Credit card payments will show up as Kittitas Co Taxes. E-check payments will show on your bank statement as PNP BILLPAYMENT 8888916064. Thank you for using our bill payment services.

Please save or print a copy of this receipt for record keeping purposes.

My Bills

Property Taxes payment of \$775.90 on Parcel Number 4583		neni Amount
		\$775.90
	Subtotal:	\$775.90
Customer Information	Convenience Fee:	\$19.40
First Name: Ellen	Total Payment:	\$795.30

Last Name:

Steinberg

Address Line 1: 7009 S 129th PI

Address Line 2:

City:

Seattle

State:

Washington

Zip Code:

98178

Phone Number: 2064596362

Email Address: ellen.c.steinberg@gmail.com

Payment Information

Payment Date: 09/01/2017

Card Type:

Card Number: ********8643