

KITTITAS COUNTY COMMUNITY

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.

Ø	Unified Site Plan of existing lot lines and proposed lot lines with distances of all existing structures, access points,
	well heads and septic drainfields.
ď	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)
Ø	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)

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.

APPLICATION FEE:

\$540.00 Community Development Services

Public Works \$150.00

\$690.00 Total fees due for this application (Check made payable to KCCDS)

Kittitas County CDS

FOR STAFF USE ONLY

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT

GENERAL APPLICATION INFORMATION

1.	Name, maining address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form.					
	Name:	Thomas Needham				
	Mailing Address:	35919 11+6 Ave SW				
	City/State/ZIP:	Federal Way, WA 98023				
	Day Time Phone:	509-881-5249				
	Email Address:	Sixpointelk @ gmail.com				
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.		ess and day phone of other contact person owner or authorized agent.				
	Name:					
	Mailing Address:					
	City/State/ZIP:					
	Day Time Phone:					
	Email Address:					
4.	Street address of pro					
	Address:	351 Ridge Loop Rd Cle Elum WA 98922				
	City/State/ZIP:	Cle Elum WA 98922				
5.	Legal description of property (attach additional sheets as necessary): Sun light Waters #2 Lot 14, Block F, Sec 24, TWP 19, RGE 16 Sun light Waters #2 Lot 15, Block F, Sec 24, TWP 19, RGE 16					
6.	Tax parcel numbers: 697334 & 297334					
7.	Property size:3	(acres)				
8.	Land Use Informatio	n:				
	Zoning.	Comp. Plan. Land. Use. Designation:				

9.	Existing and Proposed Lot Information:				
	Original Parcel Numbers & Acreage	New	New Acreage (1 parcel number per line)		
	097334 .31 acres 297334 .44acres		rvey Vol, Pg) 	
	Applicant is: \(\sum \) Owner	Purchaser	LESSEE	OTHER	
		AUTHORIZATI	<u>on</u>		
	Application is hereby made for permit(s) with the information contained in this a information is true, complete, and accur proposed activities. I hereby grant to the above-described location to inspect the problem of the correspondence and notices will be transmigent or contact person, as applicable.	application, and rate. I further one agencies to wooposed and or co	that to the best of my bertify that I possess the rhich this application is mpleted work.	knowledge and belief such e authority to undertake the made, the right to enter the	
	ture of Authorized Agent: UIRED if indicated on application)	Date	::		
	ture of Land Owner of Record ired for application submittal):	Date	**		
x_7	Needha_	3-7	20-19		
	Tre	asurer's Office I	Review		
Tax St	atus: By: _		Da	te:	
			reasurer's Office		