

B-20-0001Z KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506

"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.

A	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)						
NII	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.						

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Community Development Services \$550.00 \$150.00 **Public Works** Total fees due for this application (Check made payable to KCCDS) \$700.00

FOR STAFF USE ONLY

APPLICATION RECEIVED BY: (CDS STAFF SIGNATURE)

DATE:

RECEIPT #

GENERAL APPLICATION INFORMATION

Landowner(s) signature(s) required on application form.							
	Name:	Gary Rubens					
	Mailing Address:	3821 134th Avenue NE					
	City/State/ZIP:	Bellevue, WA, 98005					
	Day Time Phone:	206-890-7070					
	Email Address:	garyjrubens@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:	Encompass Engineering & Surveying					
	Mailing Address:	407 swiftwater Blvd.					
	City/State/ZIP: Cle Elum, WA, 98922						
	Day Time Phone:	509-674-7433					
	Email Address:	crobbins@encompasses.net					
4.	Street address of property:						
	Address:	Goldenrod CT					
	City/State/ZIP:	Cle Elum, WA, 98922					
5.	Legal description of property (attach additional sheets as necessary): Lots 17 & 18, of Mountainstar, Phase 1, Divison 2 (Plat Alteration), in the County of Kittitas, State of Washington as per plat thereof recorded in Volume 9 of Plats, Pages 157 through 187, records of said County.						
6.	Tax parcel numbers: 19703 (20-15-19050-0017); 19718 (20-15-19050-0018)						
7.	Property size: 1.03 a	cres total(acres)					
8.	Land Use Informatio	n:					
	Zoning: Master Plann	ned Resort Comp Plan Land Use Designation: Rural Recreation					

9.	Existing and Proposed Lo	t Information	•			
	Original Parcel Numbers &	Acreage		New Acreage (1 parcel number per line)		
				(Survey Vol, Pg)		
	19703 (20-15-19050-001	L7) 0.43 Ac.		1.03 Ac.		
	19718 (20-15-19050-001	18) 0.60 Ac.				
	APPLICANT IS: X	Owner	Purcha	ASERLESSEEOTHER		
			AUTHO	RIZATION		
	with the information co- information is true, comp activities. I hereby grant location to inspect the pro-	ntained in the lete, and accu- to the agenci- oposed and or ces will be tra	nis application rate. I further ses to which the r completed v	rize the activities described herein. I certify that I am familia on, and that to the best of my knowledge and belief such er certify that I possess the authority to undertake the propose this application is made, the right to enter the above-describe work. the Land Owner of Record and copies sent to the authorize		
	ure of Authorized Agent: JIRED if indicated on application)			Date:		
X						
	re of Land Owner of Rec			Date:		
10	red for application submitt	'al):		11 /5 /0000		
x	agbillion			11/5/2020		
		7	Γreasurer's	Office Review		
Tax Stat	tus:	By	/: <u>-</u>	Date:		
			Kittitas Co	County Treasurer's Office		
	2	COMMUNIT	Y DEVELOP	MENT SERVICES REVIEW		
	Deed Recording Vol.	Page	Date	**Survey Required: Yes No		
Ca	rd #:			Parcel Creation Date:		
	t Split Date:			Current Zoning District:		
Pre	liminary Approval Date: _					
Final Approval Date:				Rv:		