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.							
KB		Unified Site Plan of existing lot lines and proposed lot lines with distances of all existing structures, access points,					
KB KB		well heads and septic drainfields. Signatures of all property owners.					
KB		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.					
NA		Tax Receipt (full-year taxes must be paid in full) SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)					
		o Please pick up a copy of the SEPA Checklist it 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:							
\$550.00 Community Development Services \$150.00 Public Works							
-		\$700.00 Total fees due for this application (Check made payable to KCCDS)					

FOR STAFF USE ONLY

	FOR STAFF USE O	<u>NLY</u>	MECEIVEN
APPLICATION RECEIVED BY: (CDS STAFF SIGNATURE) X	DATE: 12 22 20	RECEIPT#	DEC 22 2020
V			DATE STAMP HERE

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:	Teresa & Doug Hutchens				
	Mailing Address:	P.O. Box 432				
	City/State/ZIP:	Cle Elum, WA 98922				
	Day Time Phone:	253-332-2600				
	Email Address:	teresa@viewpointestorage.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.	Name, mailing address and day phone of other contact person If different than land 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:	dpierce@encompasses.net				
4.	Street address of pro	perty:				
	Address:	XXXX Tired Creek Lane				
	City/State/ZIP:	Cle Elum, WA 98922				
5.	Legal description of property (attach additional sheets as necessary): Lot 4 and Lot 5 of Suncadia, Phase 3, Division 14 (Tumble Creek). A Portion of the SE 1/4 of Section 14 and a portion of the NE 1/4 of Section 23.					
6.	Tax parcel numbers: 960837 (20-14-23052-0004) & 960838 (20-14-23052-0005)					
7.		0.46 Acres (Parcel 960837) & 0.58 Acres (Parcel 960838)				
8.	Land Use Informatio	n:				
	Zoning: MPR	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)					
	960837 (20-14-23052-0004) 0.46 Ac.						
	960838 (20-14-23052-0005) 0.58 Ac.	<u> </u>					
	8	_					
	APPLICANT IS: OWNER	PURCHASER LESSEE OTHER					
	,	AUTHORIZATION					
Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am fami with the information contained in this application, and that to the best of my knowledge and belief so 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.							
	correspondence and notices will be transmitted to the Land Owner of Record and copies sent to the authorized int or contact person, as applicable.						
	ture of Authorized Agent: OUIRED if indicated on application)	Date: 12/22/20					
	ture of Land Owner of Record ired for application submittal):	Date: (2/22/20					
Treasurer's Office Review							
Tax St		Date: Kittitas County Treasurer's Office					
	•	Kittias County Treasurer's Office					
COMMUNITY DEVELOPMENT SERVICES REVIEW							
	Deed Recording Vol. Page	Date**Survey Required: Yes No					
C	Card #:	Parcel Creation Date:					
	ast Split Date:	Current Zoning District:					
	reliminary Approval Date:						
	inal Approval Date:						