9. Existing and Proposed Lot Information:

Original Parcel Numbers & Acreage		New Acreage (1 parcel number per line) **(Survey Vol. ____, Pg _____)**
548135	.25	.48
538135	.23	

APPLICANT IS: ___X__ OWNER _____PURCHASER _____ LESSEE _____OTHER

AUTHORIZATION

10. Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such 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.

All correspondence and notices will be transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.

Signature of Authorized Agent:
(REQUIRED if indicated on application)

X_____

Date:

_____

Signature of Land Owner of Record
(Required for application submittal):

X_____

Date:

6/25/25

Tax Status: Paid in Full

Treasurer's Office Review

By: _____ Date: 10/21/25

Kittitas County Treasurer's Office

COMMUNITY DEVELOPMENT SERVICES REVIEW

Deed Recording Vol. _____ Page _____ Date _____ **Survey Required: Yes ____ No ____

Card #: _____ Parcel Creation Date: _____

Last Split Date: _____ Current Zoning District: _____

Preliminary Approval Date: _____ By: _____

Final Approval Date: _____ By: _____