

KI TAS COUNTY COMMUNITY VELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506 Fax (509) 962-7682

SP-07-130

SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CALL THE DEPARTMENT IF YOU WOULD LIKE TO SET UP A MEETING TO DISCUSS YOUR PROJECT. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

<u>PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS APPLICATION PACKET:</u>

REQUIRED ATTACHMENTS

W	Five large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision
	Code for plat drawing requirements) and one small 8.5"x11"copy.

Address list of all landowners within 300 feet of the site's tax parcel. If adjoining parcels are owned by the applicant, the 300 feet extends from the farthest parcel. If the parcel is within a subdivision with a Homeowners or Road Association, please include the address of the association.

OPTIONAL ATTACHMENTS

(Optional at preliminary submittal, but required at the time of final submittal)

Certificate of Title (Title Report)

Computer lot closures

FEES:

\$190 plus \$10 per lot for Public Works Department; \$376.88 plus \$75/hr. over 4 hrs. for Environmental Health Department; \$450 for Community Development Services Department (One check made payable to KCCDS)

FOR STAFF LISE ONLY

TOR STAFF OSE ONE I						
LEERTIFY THAT I RECEIVED THIS APPLICATION AND IT IS:	COMPLETE					
SIGNATURE: Q DATE	RECEPE	TAMP ERE				
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NOTES		DAD TUBE				

Name, mailing address a	and day phone of land owner(s) of record:	
Name:	DERALD E. MARTIN	
Mailing Address:	P.O. Box 862	
City/State/ZIP:	Ellensburg, WA 98926	
Day Time Phone:	509-899-1413	•
Email Address:		
Name, mailing address	and day phone of authorized agent (if different from land owner of record):	
Agent Name:	Chuck Cruse	
Mailing Address:	217 E. 4th	
City/State/ZIP:	Ellensburg, WA 98926	
	1 '	
-		
☐ Owner of record ☑	Authorized agent	
Street address of prope	rty:	
Address:	10790 UPPER BADGER POCKET RD.	
City/State/ZIP:	ELLENSBURG, WA 98926	
		'/
Tax parcel number(s):	16-20-05000-0021 & 16-20-06000-0013	
Property size: 20,4	77 AC (acres)	
location, water supply, proposal in the descripting 4 LOT SHORT P	sewage disposal and all qualitative features of the proposal; include every element of on (be specific, attach additional sheets as necessary): PLAT WITH INDIVIDUAL WELLS, SEPTIC TANKS,	
		2
What County maintain	ned road(s) will the development be accessing from?	
	Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Name, mailing address Agent Name: Mailing Address: City/State/ZIP: Day Time Phone: Email Address: Contact person for app Owner of record All verbal and written constructed and written con	Mailing Address: P.O. Box 862 City/State/ZIP: Elensburg, WA 98926 Day Time Phone: 509-899-14/3 Email Address: Name, mailing address and day phone of authorized agent (if different from land owner of record): Agent Name: Chuck Crusc Mailing Address: 217 E. 444 City/State/ZIP: Ellensburg, WA 98926 Day Time Phone: 509-962-8242 Email Address: Contact person for application (select one): Owner of record BrAuthorized agent All verbal and written contact regarding this application will be made only with the contact person. Street address of property: Address: 10790 UPPER BANGER POCKET RD. City/State/ZIP: EUENSBURG, WA 98926 Legal description of property: 10+5 2 € 3 Book 33 of Surveys

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.

Signature of Authorized Agent:	Date:
x_m/~/~	8-13-07
Signature of Land Owner of Record: (Required for application submittal)	Date:
x m Jal	9/15/07

