

KI'I ITAS COUNTY COMMUNITY LE VELOPMENT SERVICES

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

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 <u>NOT</u> BE ACCEPTED.

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

REQUIRED ATTACHMENTS	
Five large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdi-Code for plat drawing requirements) and one small 8.5"x11"copy.	vision
Address list of all landowners within 300 feet of the site's tax parcel. If adjoining parcels are owned by the applican 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.	nt, the n,
OPTIONAL ATTACHMENTS (Optional at preliminary submittal, but required at the time of final submittal)	
Certificate of Title (Title Report)	
Computer lot closures FEES: \$\tau \tau \tau \tau \tau \tau \tau \tau	
\$190 plus \$10 per lot for Public Works Department;	

\$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)

I CERTIFY THAT I RECEIVED THIS APPLICATION AND IT IS COMPLETE.
SIGNATURE:

DATE:

RECEIPT #

AUG DEFENT

NOTES:

1.	Name, mailing address	and day phone of land owner(s) of record:		
	Name:	Steve Anderson		
	Mailing Address:	12291 Reever Cr. Rd.		
	City/State/ZIP:	Ellensburg WA 98926		
	Day Time Phone:	962-8251		
	Email Address:			
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2.	Name, mailing address	and day phone of authorized agent (if different from land ow	mer of record):	
	Agent Name:	Chris Cruse		
	Mailing Address:	PO Box 959		
	City/State/ZIP:	Ellensburg WA 98926		
	Day Time Phone:	962-8242		
	Email Address:			
3.	Contact person for application (select one): Owner of record Authorized agent All verbal and written contact regarding this application will be made only with the contact person.			
4.	Street address of prope	rty:		
	Address:	12291 Reeser Cr. Rd.		
	City/State/ZIP:	Ellensburg WA 98976		
5.	Legal description	of property: Farcel N in Book	250f	
6.	Tax parcel number(s):	19-18-28000-0027		
7.	Property size: 21.2	8	(acres)	
8.	Narrative project description: Please include the following information in your description: describe project siz location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description (be specific, attach additional sheets as necessary): Zot Short Plat with Individual Wells and Septic Tank's all as per application was			
9.	Are Forest Service road Yes No (Circle) If yes,	is/easements involved with accessing your development?		
10.	What County maintain	ed road(s) will the development be accessing from?		

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:

X

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

Date:

11.

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

