

## KITTA AS COUNTY COMMUNITY DE LOPMENT SERVICES

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

Fax (509) 962-7682 WORDER Short P

## 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.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. THE FOLLOWING ITEMS MUST BE

ATTACHED TO THIS APPLICATION PACKET:	
REQUIRED ATTACHMENTS	i .
Five large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdividence Code for plat drawing requirements) and one small 8.5"x11"copy.	sion
Address list of all landowners within 300 feet of the site's tax parcel. If adjoining parcels are owned by the applicant 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.	, the
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)	
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	FOR STAFF USE ONLY	And the second s	
LCERTIFY THAT I RECEIVED THIS APPLICA	MIONEAND TETS COMPLETES		
SIGNATURE		BIPT#	e l
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COTTO		MATTERS COUNTY	
NOTES			

1.	Name, mailing address and day phone of land owner(s) of record:				
	Name:	Die H Ranch Inc.	_		
	Mailing Address:	620 SE Everett Mall Way Suite	<u>36</u> 0		
	City/State/ZIP:	Everett, WA 98208	_		
	Day Time Phone:	(425) 347-5013	_		
	Email Address:		_		
2.	Name, mailing address and day phone of authorized agent (if different from land owner of record):				
	Agent Name:	Chuch Couse / Couse à Assoc.	<del></del>		
	Mailing Address:	P.O. Box 959	<u> </u>		
	City/State/ZIP:	Ellensburg, WA 98926			
	Day Time Phone:	(509) 962-8242			
	Email Address:				
4.	Owner of record All verbal and written c  Street address of prop  Address:	ontact regarding this application will be made only with the erty:			
	City/State/ZIP:	Robinson Canyon Road Ellensburg, WA 98926	<del></del>		
5.	Legal description	n of property: Lots 4 and 5, H Walley Ranchettes	!;gh		
6.	Tax parcel number(s)	: 18-17-36052-0004 ; 18-17-36052-00	25		
7.	Property size:	40.00 Ar.	(acres)		
8.	location, water supply, proposal in the descript	sewage disposal and all qualitative features of the proposion (be specific, attach additional sheets as necessary):  Yot short plat w/ Short well induidud septia systems	sal; include every element of the		
9.	Are Forest Service ro	ads/easements involved with accessing your development s, explain:			
10.		ned road(s) will the development be accessing from?			

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 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 Charles A. Charles 10-18-07

Signature of Land Owner of Record:

(Required for application submittal)

