

KITTITAS COUNTY COMMUNITY DEVELOPMENT 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 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

	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 500 feet of the site's tax parcel. If adjoining parcels are owned by the applicant, the 500 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 at prelimin	OPTIONAL ATTA	ACHMENTS ired at the time of final sul	omittal)			
	Certificate of Title (Title Report)						
	Computer lot closures						
\$190 plus \$10 per lot for Public Works Department; \$380 plus \$75/hr. over 4 hrs. for Environmental Health Department; \$450 for Community Development Services Department (One check made payable to KCCDS)							
		FOR STAFF US	E ONLY	DAID			
APPLICA SIGNAT X NOTES:	ATION RECEIVED BY: URE: ,	DATE: 10 23 07	RECEIPT# OS413(0	DATE STAMP DATE 2007 HERE 2007 KITTHTAS GO. CDS			

1.	Name, mailing address				
	Name:	SOL Properties, Inc.			
	Mailing Address:	3191 Killmore Rd	·		
	City/State/ZIP:	Ellensburg, WA 98926			
	Day Time Phone:	(509) 925-6916	· 		
	Email Address:				
2.	Name, mailing address and day phone of authorized agent (if different from land owner of record):				
	Agent Name:	Chock Crose / Crose & Assoc.			
	Mailing Address:	P.O. Box 959			
	City/State/ZIP:	Ellenslurg, WA 98926			
	Day Time Phone:	(509) 962-8242			
	Email Address:				
3.	Owner of record	person for application (select one): er of record Authorized agent al and written contact regarding this application will be made only with the contact person.			
4. Street address of property:					
	Address:	Robinson Canyon Rd.			
	City/State/ZIP:	Robinson Congan Rd. Ellensowg, WA 98926			
5.	Legal description of pr	Legal description of property: Lots & i 12, High Valley Ranchettes			
6.	Tax parcel number(s):	18-17-36052-0008 3/8-17-	76052-6012		
7.	Property size:	40 acres	(acres)		
8.	Narrative project description: Please include the following information in your description: describe proposalion, water supply, sewage disposal and all qualitative features of the proposal; include every elemproposal in the description (be specific, attach additional sheets as necessary):				
	4,101	Short plat w/ Shared wells	and		
	141	MINDER STATE SUNTEMS			

9.	Are Forest Service roads/easements in	e Forest Service roads/easements involved with accessing your development? Yes (explain) No				
10.	What County maintained road(s) will the development be accessing from? Love Road & Robinson Canyon Road					
11.	Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar w the information contained in this application, and that to the best of my knowledge and belief such information true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. hereby grant to the agencies to which this application is made, the right to enter the above-described location inspect the proposed and or completed work.					
Signature of Authorized Agent:		Date:				
x Cl	buch G. Cruse Jr	10-23-07				
Signa	ture of Land Owner of Record:					
(Requ	ired for application submittal)	Date:				
x	Hofe from	10/19/07				

