

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 Sp. 08. 00049

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY, PURSUANT TO KCC 15A.03.030, A COMPLETE APPLICATION IS DETERMINED WITHIN 28 DAYS OF RECEIPT OF THE APPLICATION SUBMITTAL PACKET AND FEE. THE FOLLOWING ITEMS MUST BE ATTACHED TO THE 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 subject parcel(s). If adjoining parcels are owned by the applicant, then the 500 foot area shall extend from the farthest parcel. If the parcel is within a subdivision with a Homeowners' or Road Association, then please include the mailing address of the association.

OPTIONAL ATTACHMENTS

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

Certificate of Title (Title Report)

Computer lot closures

APPLICATION FEES: \$190 plus \$10 per lot for Public Works Department; \$380 plus \$75/hr. over 4 hrs. for Environmental Health Department; \$630 for Community Development Services Department (One check made payable to KCCDS)

EOD STAFF LISE ONLY

APPLICATION RECEIVED BY: (CDS STAFF SIGNATURE) DATE: RECEIPT # NOV 12	
x my 11.12.08 3629 NOV 12	
	3008
NOTES: KITTITA	

1.	Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form.						
	Name:	CANYON WEST CONSTRUCTION LLC					
	Mailing Address:	6130 W TANEUM CANYON	_				
	City/State/ZIP:	THORP WA 98946	· _				
	Day Time Phone:	DEL KNUDSON (509) 899-0360	_				
	Email Address:		- -				
2.		ss and day phone of authorized agent (if different from land is indicated, then the authorized agent's signature is required tal.	owner of record):				
	Agent Name:		_				
	Mailing Address:		-				
	City/State/ZIP:		_				
	Day Time Phone:		_				
	Email Address:		-				
3.	Street address of pro	Street address of property:					
	Address:	CARIBOU ROAD	_				
	City/State/ZIP:	ELLENSBURG WA 98926	-				
4.	SECTION 31, TO	PTN OF PARCEL A OF SURVEY BK 19/PG 1 DWNSHIP 18N., RANGE 20E., W.M.	72 LOCATED IN				
5.	Tax parcel number(s): 18-20-31000-0005 & 18-20-31000-0032					
6.	Property size: 16.4	8 & 21.11	(acres)				
7.	Narrative project description: Please include the following information in your description: describe project size 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): 4 LOT SHORT PLAT ZONE: AG-20 WATER: INDIVIDUAL WELLS SEWER: INDIVIDUAL SEPTIC/DRAINFIELDS						
8.	Are Forest Service roads/easements involved with accessing your development? Yes Vo (Circle) If yes, explain:						

9. What County maintained road(s) will the development be accessing from? CARIBOU ROAD

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 mailed to the Land Owner of Record and copies sent to the authorized agent.

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

Date:

Signature of Land Owner of Record:

(REQUIRED for application submittal)

Date:

VICINITY MAP

APPROVALS

EXAMINED AND APPROVED This ___

KITTITAS COUNTY PUBLIC WORKS

A.D., 20

Kittitas County Engineer

COUNTY PLANNING DIRECTOR

I hereby certify that the "D KNUDSON" Short Plat has been examined by me and find that it conforms to the comprehensive plan of the Kittitas County Planning Commission.

Dated this A.D., 20____

Kittitas County Planning Director

KITTITAS COUNTY HEALTH DEPARTMENT

Preliminary legisetten indicated sail conditions may allow use of supplict tonks on a temporary mount of severage disposed for some, but not necessarily all building alities within this short plot. Prospective purchasers of lots are urged to move inquirities at the County Hostin Department about issuance of septic tank permits for lots.

Dated this ____ day of _

A.D., 20

CERTIFICATE OF COUNTY TREASURER Health Officer

hereby certify that the taxes and assessments are pold for the preceding years and for this year in which the plat is now to be filed.

Dated this ____ day of A.D., 20_

ORIGINAL TAX LOT NO. 18—20—31000—0005 (384136) 18—20—31000—0032 (10288) Kittitas County Treasurer

CURVE TABLE

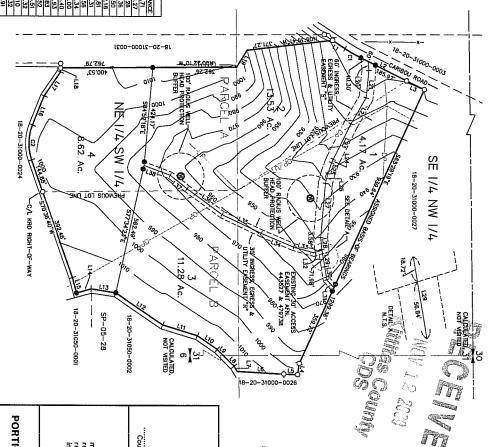
CURVE LENGTH RADIUS DELTA

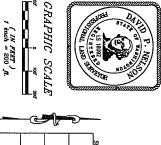
CI 74.02 602.96 702'00"

C2 154.21 214.20 4114'57"

D KNUDSON SHORT PLAT

KITTITAS COUNTY SHORT PLAT NO. 08-XX PORTION OF SECTION 31, TOWNSHIP 18N., RANGE 20E., W.M. KITTITAS COUNTY, WASHINGTON





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1. BASIS OF BELIEVES AND SECTION BREAKDOWN AMF 1988 A SCHMAT LAD IN BOOK P OF SERVAYS, FACE 44, CHAIN AUDITOR'S FILE RAINBER 4455ZF, FRONKOS OF KITTITAS COUNTY, STATS OF PASHIMOTON

SURVEY NOTES:

SP-08-XX

3

RECORDER'S CERTIFICATE

Filed for record this..... DAVID P. NELSON Surveyor's Name ..day of .at page... ..at the request of 20.....at.

County Auditor Deputy County Auditor

SURVEYOR'S CERTIFICATE

DAVID P. NELSON Certificate No....18092 DATE

K.C.S.P. NO. 08-XX

PORTION OF SEC. 31, TWN. 18N., RGE. 20E., W.M. Kittitas County, Washington

D. NELSON	CHKD BY	G. WEISER	DWN BY
1"=200'	SCALE	11/08	DATE
1 OF 2	TETT	08005	JOB NO.



0

FND REBAR

SET REBAR & CAP, LS# 1809R A QUARTER CORNER AS NOTED

EXISTING WELL

108 EAST 2ND STREET CLE ELUM, WA 98922 PHONE: (509) 674-7433 FAX: (509) 674-7419



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LETTE OF TRANSMITTAL

2146

	Gle Eluin,	WA 30322		DATE	-12-00	JOB NO 9 0 0 5
Pho	ne: (509) 674-7433	3 Fax: (509) 674	1-7419	ATTENTIO	N 2-00	
то <u></u> Е	<u> Ellensb</u>	urg (JA	RE:	Knuds	on Short PLAT
 WE ARE SEI	NDING YOU □	Attached 🗆 🛭	Jnder separate cover via _			_the following items:
	☐ Shop drawings☐ Copy of letter	□ Prints□ Change	☐ Plans		☐ Samples	☐ Specifications
}		Pub	Dic Disch	051	100 S-	tratement
COPIES	DATE NO	0.		DE	SCRIPTION	
THESE ARE	TRANSMITTED as of For approval For your use As requested For review and	811 Clo Su 500 Ap Co Checked below:	Approved as submitted Returned for correction) £	☐ Return	J Owners
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REMARKS_						
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If enclosures are not as noted, kindly notify us at once.



D KNUDSON SHORT PLAT PROJECT OVERVIEW

OVERVIEW:

The purpose of this application is to create four lots consisting of 4.17, 13.53, 11.28 and 8.62 acre lots from two existing parcels totaling 37.59 acres. The subject property is located within the AG-20 Zone of Kittitas County.

UTILITIES:

The project's proposed sewer shall be individual septic tank and drain field and proposed water supply will be individual wells.

TRANSPORTATION:

Access to county road via private access easements.

COMMENTS:

Attached are copies of the proposed Short Plat and current Title Report for your review and comment.

PLEASE PROVIDE ENCOMPASS ENGINEERING AND SURVEYING WITH COPIES OF ALL CORRESPONDENCE REGARDING THIS SHORT PLAT APPLICATION.

