

## ITAS COUNTY COMMUNITY L\_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-08-00051

## SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

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:

## REOUIRED 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)
d	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)

APPLICATION RECEIVED BY: (CDS STAFF SIGNATURE)  DATE: RECEIPT #  X  NOTES:  CDS  RECEIVE  RECEIPT #  KITHAS COUNTY  CDS		FOR STAFF USE	ONLY	Control of the section of the sectio
NOTES:		DATE: 	RECEIPT # 3673	RECEIVE NOV 17 2008 KITTITAS COUNTY
	NOTES:			<u>I cus</u>

Name, mailing address and day phone of land owner(s) of record:  Landowner(s) signature(s) required on application form.				
Name:	Lie D Land loop			
Mailing Address:	1572 Robinson Canyon Rd			
City/State/ZIP:	Ellensburg, WA 98926			
Day Time Phone:	(509) 9 25-5622			
Email Address:				
Name, mailing address a If an authorized agent is a for application submittal.	and day phone of authorized agent (if different from land owner of recindicated, then the authorized agent's signature is required	ord):		
Agent Name:	Chuck Cruse / Cruse & Assoc.			
Mailing Address:	P.O. BOX 959			
City/State/ZIP:	Ellensburg, WA 98926			
Day Time Phone:	(509) 962-8242			
Email Address:				
Street address of proper	rty:			
Address:	Robinson Canyon Rd			
City/State/ZIP:	Ellensburg, WA 98926			
Legal description of pro	operty: Lots 3 & 9, High Valley Ranch et	tes		
Tax parcel number(s): _	18-17-36052-0603 : 18-17-36052-6009	-		
Property size:	40.01 Az. (acres)	)		
proposal in the description	iption: Please include the following information in your description: de ewage disposal and all qualitative features of the proposal; include ev n (be specific, attach additional sheets as necessary):  of Short plat w/ Short wells and hold dual Scalic Systems	ery element of the		
4/				

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

Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar with 10. 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)

Signature of Land Owner of Record?

Date: ///7/08 (REQUIRED for application submittal)

