KITTI 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

SHORT PLAT APPLICATION SP-08-00053

(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:

REQUIRED	ATTA	$^{\prime}\mathrm{CHV}$	MENTS

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)

	FOR STAFF US	E ONLY	
*APPLICATION RECEIVED BY:			
(CDS STAFE SIGNATURE)	DATE:	RECEIPT#	FALLOF
$_{\perp}$ $_{H}$ $_{V}$	11 21 A2	マカゥー	DATE STATE
X-MC trews	121.08	<u> </u>	MARAGE T YOUR
			ALIMAGO.
NOTES:			

1.		Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form.			
	Name:	D&H Rench, Inc.			
	Mailing Address:	620 SE Everett Mall Way Soite 36	Ó		
	City/State/ZIP:	Everett, WA 98208			
	Day Time Phone:	(425) 347-5013			
	Email Address:				
2.		s and day phone of authorized agent (if different from land of sindicated, then the authorized agent's signature is required al.	owner of record):		
	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:				
3.	Street address of prop	perty:			
	Address:	Cove Road	-		
	City/State/ZIP:	Cove Road Ellensburg, WA 98926	-		
4.	Legal description of p	property: Lots 13 & 14, High Valley	Runchetter		
5	Tax parcel number(s	: 18-17-36052-0013 £ 18-17-36052-	6014		
6.	Property size:	40.00 Ac	(acres)		
7.	location, water supply	scription: Please include the following information in your down, sewage disposal and all qualitative features of the proposation (be specific, attach additional sheets as necessary):	l; include every element of the		
		induidous Septic Systems			
8.	Ara Foundt Comins	anda/aasamanta involved with a accessive Jeele			
0.	Yes No (Circle) If y	pads/easements involved with accessing your development? es, explain:			

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

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:

(KEQUIKED IJ maicated on application)

11-20-08

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

Date:

