Letter of Transmittal



Western Washington Division

165 NE Juniper St., Suite 201, Issaquah, WA 98027 Tel (425) 392-0250 Fax (425) 391-3055

Eastern Washington Division

407 Swiftwater Blvd., Cle Elum, WA 98922 Tel (509) 674-7433 Fax (509) 674-7419

To: KITTITAS COUNTY CDS						Date: 7-10-201	5	Job No. 0	7208-1
ELLENSBURG WA 98926						Attn: JEFF WA	TSON		
ATTN: JEFF WATSON						Re: MONJAZE	B-BLA AN	D SHORT PLAT	(PRELIMINARY)
WE ARE	SENDING	YOU		Attach	ıed □ Under sep	parate cover via <u>ove</u>	ernight mail	/regular mail the f	following items:
PRINTS	PLA	PLANS		OP VINGS	COPY OF LETTER	CHANGE ORDER	SAMPLES	SPECIFICATIONS	SUBMITTAL
		DRAWINGS		inac					
COPIES	DATE	1	10.			DESC	RIPTION		
5		1		COPY OF PRELIMINARY BOUNDARY LINE ADJUSTMENT SURVEY					
5		3		COPY OF PRELIMINARY SHORT PLAT WITH CONTOURS & WITHOUT CONTOURS					
1				APPL	ICATION FOR BI	_A AND SHORT PL	AT & COU	NTY SUBMITTAI	_ FEE
4				OVER	VIEW LETTER F	OR BOTH BLA AN	ID SHORT	PLAT	
1				TRAN	S. CONCURREN	ICY MANAGEMEN	T APPLICA	ATION FOR SHO	RT PLAT
1				SUBD	IVISION GUARA	NTEE FOR BOUN	DARY LINE	ADJUSTMENT	
						R'S PARCEL INFO NE ADJUSTED (FO			
THESE A	RE TRANS	SMITT	ED as o	hecked	d below:				
□ For approval □ App			proved as submitted Resubmit copies for approval Fo			□ For signature			
For your use Apple			□ Appr	roved as noted					
□ As requested □ Ret			urned for corrections Return corrected prints						
□ For review and comment									
□ FOR BIDS DUE □ PRINTS RETURNED AFTER LOAN TO US						S			
REMARK	S:								
ALSO INCLUDED WITH THIS PACKAGE IS A GROUNDWATER MITIGATION AGREEMENT AS WELL AS AN ARCHAEOLOGICAL STUDY FOR REFERENCE.									
Signature:				Title: CAD TECHNICIAN					
Copy to: F	ile								



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

"Building Partnerships - Building Communities"

BOUNDARY LINE ADJUSTMENT

(Adjustment of lot lines resulting in no new lots, as defined by KCC 16.10.010)

NOTE: If this Boundary Line Adjustment is between multiple property owners, seek legal advice for conveyance of property. This form does not legally convey property.

Please type or print clearly in ink. Attach additional sheets as necessary. Pursuant to KCC 15A.03.040, 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

Note: The following are required per KCC 16.10.020 Application Requirements. A separate application must be filed for each boundary line adjustment request.

- Unified Site Plan of existing lot lines and proposed lot lines with distances of all existing structures, access points, well heads and septic drainfields to scale.
- Signatures of all property owners.
- Narrative project description (include as attachment): Please include at minimum 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.
- Provide existing and proposed legal descriptions of the affected lots. Example: Parcel A The North 75 feet of the West 400 feet of the Southwest quarter of the Southwest quarter of Section 02; Township 20 North; Range 16 East; W.M.; Except the West 30 feet thereof for roads.
- A certificate of title issued within the preceding one hundred twenty (120) days.

For final approval (not required for initial application submittal):

- Full year's taxes to be paid in full.
- Recorded Survey.

\$225.00

	APPLICATION FEES:
Kittitas County Community Deve	elopment Services (KCC

\$90.00 Kittitas County Department of Public Works

\$65.00 Kittitas County Fire Marshal

\$215.00 Kittitas County Public Health Department Environmental Health

Total fees due for this application (One check made payable to KCCDS) \$595.00

FOR STAFF USE ONLY

Application Received By (CDS Staff Signate	ure): DATE: 15 14 15	RECEIPT#	RECEIVED
			JUL 1 4 2015
			KITTITAS COUNTY DATE STAMPIN BOX
			CDS

- OPTIONAL ATTACHMENTS

 An original survey of the current lot lines. (Please do not submit a new survey of the proposed adjusted or new parcels until after preliminary approval has been issued.)

 Assessor COMPAS Information about the parcels.

GENERAL APPLICATION INFORMATION

	required on application form		
ame:	ARASTOU (AL) MONJAZEB		
	13817 NE 20TH		
	BELLEVUE WA 98005		
,	425-373-9222		
mail Address:	al@autocenternw.com		
ame, mailing address ar	nd day phone of authorized agent, if different from lando dicated, then the authorized agent's signature is required for	wner of record: r application submittal.	
gent Name:			
Tailing Address:			
ity/State/ZIP:			
ay Time Phone:			
mail Address:			
ame:	ENCOMPASS ENGR. & SURV.		
ailing Address:	407 SWIFTWATER BLVD		
ity/State/ZIP:	CLE ELUM WA 98922		
ay Time Phone:	509-674-7433		
nail Address:	ginger@encompasses.net		
reet address of property	7:		
ddress:	SALMON LA SAC ROAD		
ty/State/ZIP:	RONALD WA 98940		
OT E AND LOT F OF S	SURVEY BOOK 35, PAGE 42, LOCATED IN THE WES	ST HALF OF SECTION 21	
LOTEIS		(2222)	
DUDAL DE			
I i a m a ii	ailing Address: aty/State/ZIP: ay Time Phone: mail Address: ame, mailing address ar an authorized agent is in gent Name: ailing Address: ty/State/ZIP: ay Time Phone: mail Address: ame, mailing address and different than land owner ame: ailing Address: ty/State/ZIP: ay Time Phone: mail Address: ty/State/ZIP: ay Time Phone: ailing Address: ty/State/ZIP: by Time Phone: ailing Address: ty/State/ZIP: ay Time Phone: ailing Address: by/State/ZIP: by/State/ZIP: ay Time Phone: ay Time	ailing Address: ay Time Phone: ay Time Phone: ay Time Phone: ane, mailing address and day phone of authorized agent, if different from lando an authorized agent is indicated, then the authorized agent's signature is required for gent Name: ailing Address: atty/State/ZIP: ay Time Phone: anil Address: ame, mailing address and day phone of other contact person different than land owner or authorized agent. ENCOMPASS ENGR. & SURV. 407 SWIFTWATER BLVD CLE ELUM WA 98922 509-674-7433 ginger@encompasses.net anil Address: sy/State/ZIP: sy Time Phone: sy Time Phone: sy Time Phone: sy State/ZIP: sy Time Phone: sy Salmon LA SAC ROAD RONALD WA 98940 ENCOMPASS ENGR 28-00-10-10-10-10-10-10-10-10-10-10-10-10-	

8.	Existing and Proposed Lot Information	
	Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol, Pg)
	21-14-21000-0006 (12048) 31.04	21.04
	21-14-21000-0007 (12049) 12.03	22.03
	APPLICANT IS: OWNER PURCHA	SER LESSEE OTHER
9.	Application is hereby made for permit(s) to author with the information contained in this application information is true, complete, and accurate. It	RIZATION rize the activities described herein. I certify that I am familiar on, and that to the best of my knowledge and belief such further certify that I possess the authority to undertake the ies to which this application is made, the right to enter the and or completed work.
parcel	receiving approval for a Boundary Line Adjustm	able site, legal access, available water or septic areas, for ent. the Land Owner of Record and copies sent to the authorized
age	ent or contact person, as applicable.	the Luna Owner of Record and copies sent to the authorized
Signatu	re of Authorized Agent:	Signature of Land Owner of Record
(REQU	TIRED if indicated on application)	(Required for application submittal):
x	(date)	(date) 6-3-15
THIS I	FORM MUST BE SIGNED BY COMMUNITY DEVE	ELOPMENT SERVICES AND THE TREASURER'S OFFICE
	PRIOR TO SUBMITTAL TO	THE ASSESSOR'S OFFICE.
	TREASURER'S	OFFICE REVIEW
Tax Sta	tus: By:	Date:
197 -		MENT SERVICES REVIEW
()	This BLA meets the requirements of Kittitas Coun	
		**Survey Required: Yes No
	rd #:	Parcel Creation Date:
	st Split Date:	Current Zoning District:
Pre	liminary Approval Date:	Ву:
Fin	al Approval Date:	Ву: