SP-15-00006

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

"Building Partnerships - Building Communities"

Fax (509) 962-7682

CDs@CO.KITTITAS.WA.US Office (509) 962-7506

SHORT PLAT APPLICATION

(To divide a lot into no more than 4 lots, according to KCC 16.32)

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

- □ 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.
- □ Project Narrative responding to Questions 9-11 on the following pages.

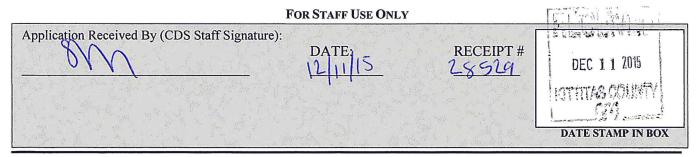
OPTIONAL ATTACHMENTS

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

- ☐ Certificate of Title (Title Report)
- Computer lot closures

APPLICATION FEES:

\$1,640,00	Total fees due for this application (One check made payable to KCCDS)	
\$570.00	Public Health Proportion (Additional fee of \$75/hour over 4 hours)	
\$130.00	Kittitas County Fire Marshal	
\$220.00	Kittitas County Department of Public Works	
\$720.00	Kittitas County Community Development Services (KCCDS)	



COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT

FORM LAST REVISED:01-02-13

GENERAL APPLICATION INFORMATION

1.	on application form.	ress and day phone of land ow	ner(s) of record: Landown	er(s) signature(s) required		
	Name:	Brian & Dawn Crowley	Rick & Kristine Wood	John & Lynn Ahlers		
	Mailing Address:	7901 228 th St. SE	7202 Laurel Ave SE	5825 187th Ave SE		
	City/State/ZIP:	Woodinville / WA / 98072	Snoqualmie / WA / 98065	Issaquah / WA / 98027		
	Day Time Phone:	425-503-0000	425-213-2008	425-785-4065		
	Email Address:	brian@crowleynet.com	rick@cascademountaintech.com	issygreeneyes@yahoo.com		
2.	Name, mailing address and day phone of authorized agent, if different from landowner of record: If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.					
	Agent Name:					
	Mailing Address:					
	City/State/ZIP:					
	Day Time Phone:					
	Email Address:					
3.	Name, mailing address and day phone of other contact person If different than land owner or authorized agent.					
	Name:					
	Mailing Address:			\$		
	City/State/ZIP:			DEC 1 1 2015		
	Day Time Phone:			ISTRIAS COLLYDY		
	Email Address:			The second state of		
4.	Street address of property:					
		XXXX Hidden Valley Rd. Cle Elum /WA/ 98922 (Lot 3)	1324 Hidden Valley Rd. 2111 Cle Elum/WA/98922 (Lot 1) Cle I	Hidden Valley Rd. Elum/WA/98922 (Lot 2)		
5.	Legal description of property (attach additional sheets as necessary): SHORT PLAT NO. 04-08 PORTION OF THE WEST ½, SEC. 32, T.20N., R.17E., W.M. KITTITAS COUNTY WASHINGTON					
6.	Tax parcel number	(s): 12599 (Lot 1), 20570 (Lo	ot 2), 20571 (Lot 3)			
7.	Property size: 1	5.01 (Lot 1), 10.77 (Lot 2), 11.2	2 (Lot 3) (acres)			
8.	Land Use Informat	ion:				

Zoning: Ag 20

Comp Plan Land Use Designation: Rural Working

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9. 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.

This application is for a minor modification to the existing short plat to remove the 60' X 80' Joint Use Access Easement that is shared by Lot 2 and Lot 3. No other changes are contemplated.

- 10. Are Forest Service roads/easements involved with accessing your development? If yes, explain.

 No.
- 11. What County maintained road(s) will the development be accessing from? Hidden Valley Rd.

AUTHORIZATION

12. 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 transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.

Signature of Authorized Agent: (REQUIRED if indicated on application)	Date:
X	
Signature of Land Owner of Record (Required for application submittal):	Date:
X	Owner, Lot 1
x	Owner, Lot 2
x Brin lley	Nov. 1, 2015 Owner, Lot 3

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Signature of Authorized Agent: (REQUIRED if indicated on application)	Date:
X	
Signature of Land Owner of Record (Required for application submittal):	Date:
X	Owner, Lot 1
John Wheen Symph	lew /101-2015 Owner, Lot 2
X	Owner, Lot 3
	DEC 1 1 2015

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Signature of Authorized Agent: (REQUIRED if indicated on application)	Date:	
X		
Signature of Land Owner of Record (Required for application submittal):	Date:	
x Richard Wood	11/2/2015 Owner, Lot 1	
X	Owner, Lot 2	
X	Owner, Lot 3	