

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

(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 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)

SP-08-00024

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

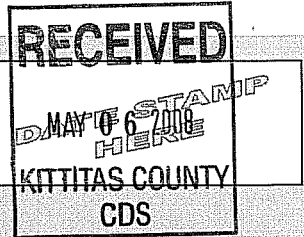
X T. Swenberg

DATE:

5.6.08

RECEIPT #

0000981
↓ 0000982



NOTES:

1. **Name, mailing address and day phone of land owner(s) of record:**

Landowner(s) signature(s) required on application form.

Name: Max & Cynthia Tilton
Mailing Address: 1880 Fairview Road
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: (509) 968-4252
Email Address: _____

2. **Name, mailing address and day phone of authorized agent** (if different from land owner of record):

If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

Agent Name: Same as Above
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

3. **Street address of property:**

Address: 1880 Fairview Road
City/State/ZIP: Ellensburg, WA 98926

4. **Legal description of property:**

Legal description is attached with the preliminary plat map.

5. **Tax parcel number(s):** 17-19-02030-0019

6. **Property size:** 5.26 (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):

The project is a two lot short plat in the Rural Residential Zone. Water will be by shared or individual well. Sewage will be onsite individual septic. Please see the attached preliminary plat map for topo, vicinity map, legals description, plat notes and signiture blocks.

8. **Are Forest Service roads/easements involved with accessing your development?**

Yes (Circle) If yes, explain:

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

PA. REVIEW

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:

X _____

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

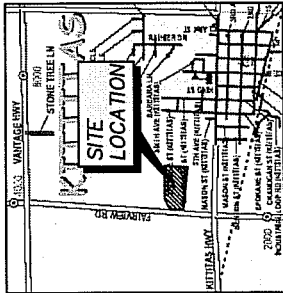
Date:

X MM Tiller

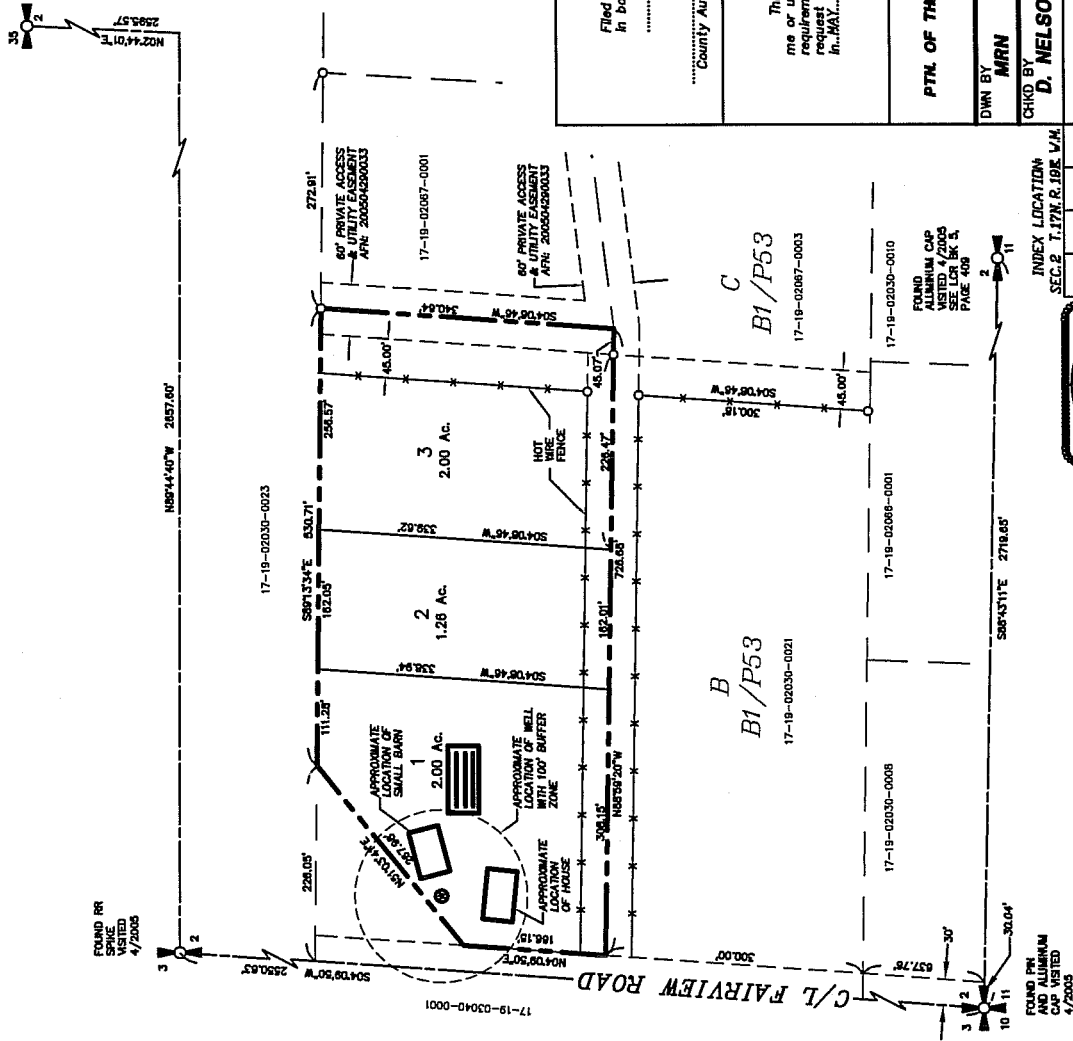
4/23/08

TILTON SHORT PLAT
KITTITAS COUNTY SHORT PLAT NO. 08-XX
PTN. OF THE SW 1/4 OF SECTION 2, TOWNSHIP 17N., RANGE 19E., W.M.
KITTITAS COUNTY, WASHINGTON

SP-08-XX



VICINITY MAP - N.T.S.



LEGEND

- ✕ SECTION CORNER AS NOTED
- ⊕ QUARTER CORNER AS NOTED
- PVD REBAR
- SET 1/2" REBAR LSF 16092
- ⊙ WELL

RECORDER'S CERTIFICATE
 Filed for record this _____ day of _____ 20____ at _____ M
 in book _____ of _____ at page _____ at the request of
 DAVID P. NELSON
 Surveyor & Notary

County Auditor _____ Deputy County Auditor

SURVEYOR'S CERTIFICATE

This map correctly represents a survey made by me or under my direction in conformance with the requirements of the Survey Recording Act of the request of DAVID P. NELSON
 in P.A. No. _____ 2018

DAVID P. NELSON
 Certificate No. 16092
 DATE

TILTON SHORT PLAT
PTN. OF THE SW 1/4 OF SECTION 2, T. 17N., R. 19E., W.M.
KITTITAS COUNTY, WASHINGTON

DWN BY	MRN	DATE	05/2008	JOB NO.	08059
CHKD BY	D. NELSON	SCALE	1"=100'	SHEET	1 of 2

INDEX LOCATION
 SEC. 2 T. 17N. R. 19E. W.M.



108 EAST 2ND STREET
 CLE ELUM, WA 99222
 PHONE: (509) 674-7433
 FAX: (509) 674-7415

APPROVALS

KITTITAS COUNTY PUBLIC WORKS
 EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D. 20____

KITTITAS COUNTY ENGINEER

COUNTY PLANNING DIRECTOR
 I HEREBY CERTIFY THAT THE TILTON SHORT PLAT HAS BEEN FILED IN ACCORDANCE WITH THE SURVEY RECORDING ACT AND THE COMPREHENSIVE PLAN OF THE KITTITAS COUNTY PLANNING COMMISSION.
 DATED THIS _____ DAY OF _____ A.D. 20____

KITTITAS COUNTY PLANNING DIRECTOR

KITTITAS COUNTY HEALTH DEPARTMENT
 PRELIMINARY INSPECTION INDICATED SOIL CONDITIONS MAY ALLOW USE OF SEPTIC TANKS AS A TEMPORARY MEANS OF SEWAGE DISPOSAL FOR SOME, BUT NOT NECESSARILY ALL, BUILDING SITES WITHIN THIS SHORT PLAT. THE HEALTH DEPARTMENT HAS REVIEWED THE ABOVE INFORMATION AND HAS RECOMMENDED THAT THE ISSUANCE OF SEPTIC TANK PERMITS FOR LOTS DATED THIS _____ DAY OF _____ A.D. 20____

KITTITAS COUNTY HEALTH OFFICER

CERTIFICATE OF COUNTY TREASURER
 I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE PLAT IS NOW TO BE FILED.
 DATED THIS _____ DAY OF _____ A.D. 20____

KITTITAS COUNTY TREASURER

ORIGINAL TAX LOT NO. 17-19-02030-0019 (681833)