

KITTTAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITTTAS 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)

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

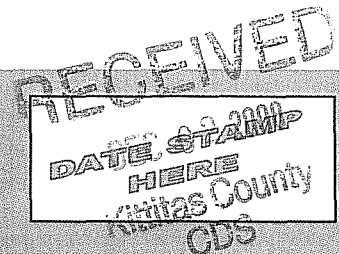
X T. J. Swinberg

DATE:

12-2-08

RECEIPT #

3789



NOTES:

DARRYL PIERCY, DIRECTOR

ALLISON KIMBALL, ASSISTANT DIRECTOR

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

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

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

Name: Charles Firkins
Mailing Address: 2951 Game Farm Road
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: (509) 962-2296
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: Cam Sherwood
Mailing Address: 3323 Brick Mill Road
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: (509) 306-9300
Email Address: cam.sherwood@fairpoint.net

3. **Street address of property:**

Address: 2951 Game Farm Road
City/State/ZIP: Ellensburg, WA 98926

4. **Legal description of property:**

See sheet 2 of 2 of the preliminary plat map.

5. **Tax parcel number(s):** 18-19-29040-0008 & 18-19-29040-0009

6. **Property size:** 15.13 ac (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):

Using the one time split provision, this is a two lot short plat located northeast of Ellensburg off of Game Farm Road. Water will be individual well and sewer will be individual onsite septic. Please see attached preliminary plat drawings for specific information regarding location and layout.

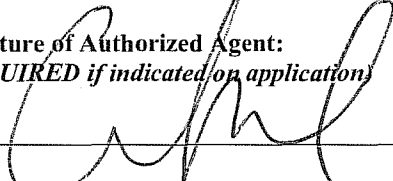
8. **Are Forest Service roads/easements involved with accessing your development?**

Yes No (Circle) If yes, explain:

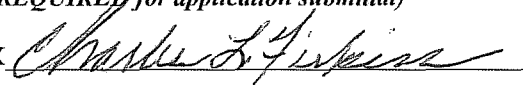
9. **What County maintained road(s) will the development be accessing from?**
Game Farm Road

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)
X 

Date:

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

Date:
11/25/08

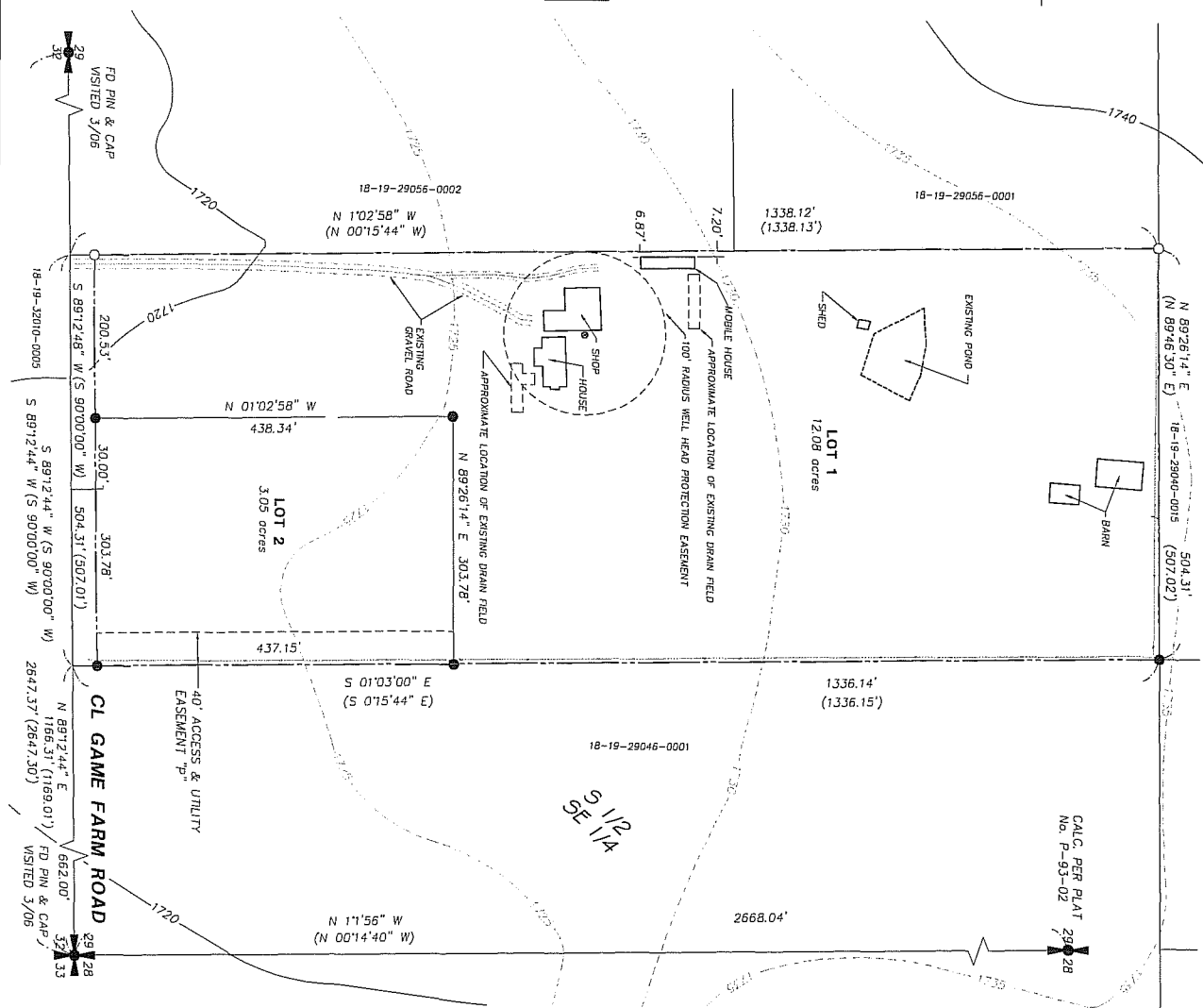
FIRKINS SHORT PLAT

A PORTION OF SECTION 29, TOWNSHIP 18N, RANGE 19E, W.M. KITITAS COUNTY, WASHINGTON

SP-08-XX

VICINITY MAP - N.T.S.

19	BRICK HILL RD.	20	21
30	CREEK RD.	29	28
31	WILSON RD.	32	33
34	WATSON RD.	35	36
37	VANTAGE HWY.	38	39
40	LOOK RD.	41	42



APPROVALS

KITITAS COUNTY DEPARTMENT OF PUBLIC WORKS
EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY ENGINEER

KITITAS COUNTY HEALTH DEPARTMENT
I HEREBY CERTIFY THAT THE FIRKINS PLAT HAS BEEN EXAMINED BY ME AND I FIND THAT THE SEWAGE AND WATER SYSTEM HEREIN SHOWN DOES MEET AND COMPLY WITH ALL REQUIREMENTS OF THE COUNTY HEALTH DEPARTMENT.
DATED THIS _____ DAY OF _____ A.D., 200__

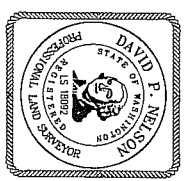
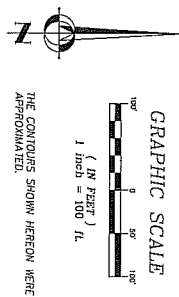
KITITAS COUNTY HEALTH OFFICER

CERTIFICATE OF COUNTY PLANNING DIRECTOR
I HEREBY CERTIFY THAT THE FIRKINS SHORT PLAT HAS BEEN EXAMINED BY ME AND FIND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITITAS COUNTY PLANNING COMMISSION.
DATED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY PLANNING DIRECTOR

CERTIFICATE OF KITITAS 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.
PARCEL NOS. 18-19-29046-0008 (424839) & 18-19-29046-0009 (952608)
DATED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY TREASURER



RECORDER'S CERTIFICATE

Filed for record this _____ day of _____, 20____, at _____, WA
in book _____ of _____ at page _____ of _____
at the request of
DAVID P. NELSON
Surveyor's Name

County Auditor _____ Deputy County Auditor _____

SURVEYOR'S CERTIFICATE

This map correctly represents a survey made by me or under my direction in accordance with the requirements of the Survey Recording Act of the State of Washington, 2008.

DAVID P. NELSON [Signature]
Certificate No. 18092

Encompass
ENGINEERING & SURVEYING

108 EAST 2ND STREET
OLE BULL, WA 98946
PHONE: (509) 674-7333
FAX: (509) 674-7419

FIRKINS SHORT PLAT
A PORTION OF SEC. 29, T. 18N, R. 19E, W.M.
KITITAS COUNTY, WASHINGTON

DWN BY	DATE	JOB NO.	SHEET
MR./SFT	12/2008	07193	1 of 2

CHRD BY **D. NELSON** SCALE 1"=100'