



**KITTITAS COUNTY**  
**DEPARTMENT OF PUBLIC WORKS**

**TRANSPORTATION CONCURRENCY**  
**MANAGEMENT APPLICATION**

Concurrency Review:  \$3,690.00      Payment Method:  Check \_\_\_\_\_  Cash  Credit Card

Owner Name \_\_\_\_\_ Permit # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Agent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_



DATE STAMP

**Application Information:**

Number of Lots to be created: \_\_\_\_\_

Tax Parcel/Assessor's Map No.: \_\_\_\_\_

Plat or Project Name: \_\_\_\_\_

Roads Serving Project: \_\_\_\_\_

Proposed Land Use:     Residential                       Commercial                       Agricultural

Proposed Land Use Project:     Short Plat     Long Plat     Building Permit  
 Other \_\_\_\_\_

Total Number of Lots/Dwelling Units: \_\_\_\_\_

Commercial/Agricultural Building Area in square feet: \_\_\_\_\_

If known, ADT and ITE land use code: \_\_\_\_\_

Narrative project description: \_\_\_\_\_

Describe present use of property: \_\_\_\_\_

Are there any other pending applications or issues associated with this property?  
 YES  NO                      If yes, describe: \_\_\_\_\_

**Applicant will be contacted by Public Works to coordinate a meeting with the Director of Public Works and/or the County Engineer to discuss terms of the Transportation Evaluation.**

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. I also acknowledge that said fee for this application includes 12 hours of review any work beyond those hours included in said fee will be billed monthly at an hourly rate of \$243.00.

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
X \_\_\_\_\_

Signature of Landowner of Record: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Required for application submittal)*  
X \_\_\_\_\_