



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

Office (509) 962-7506

"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, wetlands, streams, 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 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.
- Draft Final Survey meeting all conditions of Conditional Preliminary Approval.

**APPLICATION FEES:**

\$810.00	Kittitas County Community Development Services (KCCDS)
\$1,215.00*	Kittitas County Public Works
\$145.00	Kittitas County Fire Marshal
\$205.00	Kittitas County Public Health Department Environmental Health

**\$2,375.00 Total fees due for this application (One check made payable to KCCDS)**

\*5 hours of review included in Public Works Fee. Additional review hours will be billed at \$243 per hour.

**FOR STAFF USE ONLY**

Application Received By (CDS Staff Signature): 	DATE: 	RECEIPT # 	
DATE STAMP IN BOX			

**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**

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

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

Name: WILLIAM & NANCY SMITH  
Mailing Address: P.O. BOX 241  
City/State/ZIP: ROSLYN, WA 98941-0241  
Day Time Phone: 253-334-2407 or 253-334-2414  
Email Address: smithwr19@gmail.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: ENCOMPASS - DUSTIN PIERCE  
Mailing Address: 407 SWIFTWATER BLVD.  
City/State/ZIP: CLE ELUM, WA 98922  
Day Time Phone: 509-674-7433  
Email Address: dpierce@encompasses.net

**4. Street address of property:**

Address: 41, 121, AND 171 GOLD FOUNTAIN LANE  
City/State/ZIP: CLE ELUM, WA 98922

**5. Legal description of property (attach additional sheets as necessary):**

SEE ATTACHED TITLE REPORT

**6. Property size:** 2.53 ACRES TOTAL (acres)

**7. Land Use Information:** Zoning: MPR Comp Plan Land Use Designation: RURAL REC.

**8. Existing and Proposed Lot Information**

Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol. ____, Pg ____)
<u>21622 - 0.72 ACRES</u>	<u>1.22 ACRES</u>
<u>21623 - 1.00 ACRE</u>	_____
<u>21624 - 0.81 ACRES</u>	<u>1.31 ACRES</u>
_____	_____
_____	_____

APPLICANT IS:     OWNER     PURCHASER     LESSEE     OTHER

**AUTHORIZATION**

9. 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.

**NOTICE: Kittitas County does not guarantee a buildable site, legal access, available water or septic areas, for parcel receiving approval for a Boundary Line Adjustment.**

**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:

Signature of Land Owner of Record

(REQUIRED if indicated on application)

(Required for application submittal):

X \_\_\_\_\_ (date) \_\_\_\_\_

X Nancy A. Smith (date) 8-8-23  
 X Wendy Smith (date) 8-8-23

**THIS FORM MUST BE SIGNED BY COMMUNITY DEVELOPMENT SERVICES AND THE TREASURER'S OFFICE PRIOR TO SUBMITTAL TO THE ASSESSOR'S OFFICE.**

**TREASURER'S OFFICE REVIEW**

Tax Status: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMUNITY DEVELOPMENT SERVICES REVIEW**

This BLA meets the requirements of Kittitas County Code (Ch. 16.08.055).

Deed Recording Vol. \_\_\_\_\_ Page \_\_\_\_\_ Date \_\_\_\_\_ \*\*Survey Required: Yes \_\_\_ No \_\_\_

Card #: \_\_\_\_\_

Parcel Creation Date: \_\_\_\_\_

Last Split Date: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Preliminary Approval Date: \_\_\_\_\_

By: \_\_\_\_\_

Final Approval Date: \_\_\_\_\_

By: \_\_\_\_\_

**BOUNDARY LINE ADJUSTMENT APPLICATION**

**Signature of Landowner of Record:**

**Landowner of Parcel no. 21622**

David & Peggy Odegard

171 Gold Fountain Lane

Cle Elum, WA 98922

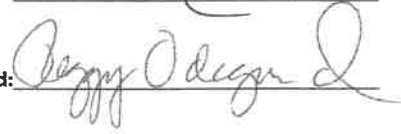
Ph: 425-652-6680

Email: [dave@odegardgockel.com](mailto:dave@odegardgockel.com)

**By: David & Peggy Odegard**

Signed: 

(date) 8-7-2023

Signed: 

(date) 8-7-23

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