

BL-23-00021



**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):

*Cordie Peebles*

DATE:

*8/29/23*

RECEIPT #

*CD23-02148*

RECEIVED  
AUG 29 2023

Kittitas County CDS

DATE STAMP IN BOX

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

FORM LAST REVISED: 04-04-2023

**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: Hutchinson Family Trust c/o Reta Hutchinson  
1585 Tjossem Rd. Jackie Brunson  
Mailing Address: Ellensburg WA 98926  
City/State/ZIP: (509) 899-5000  
Day Time Phone: jbrunson@fairpoint.net  
Email Address:

**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: Chris Cruse  
Mailing Address: PO Box 959  
City/State/ZIP: Ellensburg WA 98926  
Day Time Phone: (509) 962-8242  
Email Address: chris@cruseandassoc.com

**4. Street address of property:**

Address: 11,230 & 11,320 N. Thorp Hwy  
City/State/ZIP: Thorp WA 98946

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

Portion of Section 2, T18N, R17E, W1M - See title report for full description

**6. Property size:** 17.81 Assessed (acres)

**7. Land Use Information:** Zoning: AG-20 Comp Plan Land Use Designation: R-W

8. Existing and Proposed Lot Information

Original Parcel Number(s) & Acreage  
(1 parcel number per line)

New Acreage  
(Survey Vol. \_\_\_\_, Pg. \_\_\_\_)

399133 - 1.47Ac

1.47Ac

343233 - 5.00Ac

5.00Ac

389133 - 11.34Ac

11.34Ac (6.51 Actual)

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 Jackie Dwyer (date) 8-29-23

**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: \_\_\_\_\_