



# 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"

## FINAL SHORT PLAT APPLICATION

Please type or print clearly in ink. Attach additional sheets as necessary. The following items must be attached to the application packet at intake or the application will not be accepted. Pursuant to RCW 58.17.140 "Final plats and short plats shall be approved, disapproved, or returned to the applicant within thirty days from the date of filing thereof, unless the applicant consents to an extension of such time period;" therefore Kittitas County must have all of the required attachments to accept the final plat/short plat for review to meet the required timeframes. For plats that require the Board of County Commissioners (BOCC) signature, all documents must be uploaded for consideration approximately one (1) week in advance of the BOCC Agenda Session Meeting. This leaves three (3) weeks from the date of applicant submittal for County Staff to review and sign the plat.

### REQUIRED ATTACHMENTS

- One paper copy of Final Short Plat/Plat drawings meeting all final drawing requirements (reference KCC Title 16 Subdivision Code for plat drawing requirements) and RCW Title 58 along with WAC 332-130.
    - o May be submitted on polyester film, however please note these may need to be reprinted based on staff review (this is not required for initial review)
  - Project Condition Compliance Document that responds in writing as to how each condition of preliminary approval has been met, including supporting documentation as necessary (Example Attached).
  - N/A  If this is a plat associated with a Planned Unit Development, the Final Development Plan must be approved through Resolution by the BOCC prior to submittal for final plat/short plat review.
  - Recent Title Report, within 90 days of final plat submittal.
  - Lot Line Closures
  - N/A  Proof of water sufficient to meet Kittitas County Department of Environmental Health requirements.
  - Any other items specifically required by conditions of preliminary approval.
- All wells exist & put to beneficial use

### APPLICATION FEES:

\$850.00	Kittitas County Community Development Services (KCCDS) Final Short Plat Fee
\$280.00	Kittitas County Environmental Health Final Short Plat Fee
\$1,215.00*	Kittitas County Public Works Final Short Plat Fee
<b>\$2,345.00</b>	<b>Total fees due for final short plat processing</b>

\*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: 4-14-23	RECEIPT # SPF-23-00002	<div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">APR 14 2023</div> <div style="text-align: center; font-weight: bold;">Kittitas County CDS</div>
Planner Intake Signature (required for submittal):  	DATE STAMP IN BOX		

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

FORM LAST REVISED: 02-21-2023

**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: Davis Family Trust  
Mailing Address: 3511 Caribou Rd.  
City/State/ZIP: Ellensburg WA 98926  
Day Time Phone: (509) 929-1264  
Email Address: ericd@advantagedirt.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: 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: 3511 Caribou Rd.  
City/State/ZIP: Ellensburg WA 98926

**5. Tax parcel number(s):** 715134

**6. Project File Name (at time of preliminary review):** Davis Short Plat

**7. Project File Number (at time of preliminary review):** SP-22-00007

**8. Preliminary Approval Date:** 3/21/2023

**9. Final Development Plan Resolution Number (only if this applies):** N/A

**10. Development Agreement Ordinance Number (only if this applies):** N/A

**AUTHORIZATION**

11. 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 transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.**

**Signature of Authorized Agent:**  
**(REQUIRED if indicated on application)**

**Date:**

X \_\_\_\_\_

\_\_\_\_\_

**Signature of Land Owner of Record**  
**(Required for application submittal):**

**Date:**

X  \_\_\_\_\_

4/13/23