



# KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926  
CDS@CO.KITTITAS.WA.US  
Office (509) 962-7506

"Building Partnerships – Building Communities"

Forgey 670133

## SHORT PLAT APPLICATION

*(To divide a lot(s) into no more than 4 lots in rural areas or to divide a lot(s) into no more than 9 lots within Urban Growth Areas, according to KCC 16.08.186 and KCC 16.32)*

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

- Two 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.
- Project Narrative responding to Questions 9-11 on the following pages.

### OPTIONAL ATTACHMENTS

(Optional at submittal, required at the time of final submittal)

- Certificate of Title (Title Report)
- Computer lot closures

**\*\*\*Final short plat application and associated fees will be required at time of request for final short plat processing. Please see the final short plat application for current fees.**

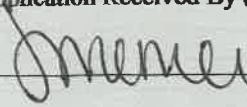
### APPLICATION FEES:

\$2,160.00 Kittitas County Community Development Services (KCCDS)  
 \$1,215.00\* Kittitas County Public Works  
 \$130.00 Kittitas County Fire Marshal  
 \$560.00 Kittitas County Public Health

**\$4,065.00 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: 12/20/22	RECEIPT # SP-2200006	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">             RECEIVED              DEC 20 2022              Kittitas County CDS              DATE STAMP IN BOX           </div>
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COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT

**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: Gary Forgey  
Mailing Address: 2190 Denmark Rd.  
City/State/ZIP: Ellensburg WA 98926  
Day Time Phone: (509) 929-5489  
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: 2690 Denmark Rd  
City/State/ZIP: Ellensburg WA 98926

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

Portion of Sec 23, T11N, R19E W1M. See title report for full description

**6. Tax parcel number(s):** 670133

**7. Property size:** 20.00 (acres)

**8. Land Use Information:**

Zoning: Com-Ag Comp Plan Land Use Designation: Com-Ag

**PROJECT NARRATIVE**

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9. **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. *See attached*
10. **Are Forest Service roads/easements involved with accessing your development?** If yes, explain. *No.*
11. **What County maintained road(s) will the development be accessing from?** *Denmark Rd.*

**AUTHORIZATION**

12. 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)**

X *Gary Forgy*

**Date:**

*12-20-22*

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

X *Gary Forgy*

**Date:**

*12-20-22*