



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"

LONG PLAT APPLICATION

(To divide lot into 5 or more lots, per KCC Title 16)

A **preapplication conference is REQUIRED if proposing more than nine (9) lots** per KCC 15A.03.020 for this permit. The more information the County has early in the development process, the easier it is to identify and work through issues and conduct an efficient review. To schedule a preapplication conference, complete and submit a Preapplication Conference Scheduling Form to CDS. Notes or summaries from preapplication conference should be included with this application.

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 plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5" x 11" copy
- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
 - o Please pick up a copy of the SEPA Checklist if required
- Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS

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

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

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

APPLICATION FEES:

2960	
\$2,950.00	Kittitas County Community Development Services (KCCDS) *Preliminary Plat Fee
\$1,215.00*	Kittitas County Public Works
\$524.00	Kittitas County Fire Marshal
\$560.00	Kittitas County Public Health
\$5,249.00	Total fees due for this application submittal (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): <hr style="border: 0; border-top: 1px solid black;"/>	DATE: <hr style="border: 0; border-top: 1px solid black;"/>	RECEIPT # <hr style="border: 0; border-top: 1px solid black;"/>	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <p style="font-weight: bold; font-size: 1.1em;">JAN 26 2022</p> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">Kittitas County CDS</div> <p style="font-size: 0.7em;">DATE STAMP IN BOX</p>
---	--	--	---

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

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: Lathan Wedin
Mailing Address: 770 Suncadia Trail
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: 509-649-6119
Email Address: lwedin@suncadia.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: F. Steve Lathrop LWHSD
Mailing Address: P.O. Box 1088
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: 509-925-6916
Email Address: steve@lwbsd.com

3. **Name, mailing address and day phone of other contact person**
If different than land owner or authorized agent.

Name: _____
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

4. **Street address of property:**

Address: West of Phase 2 Division 2 and south of Swiftwater Drive
City/State/ZIP: Cle Elum, WA 98922-8717

5. **Legal description of property (attach additional sheets as necessary):**
See Preliminary Plat Documents

6. **Tax parcel number:** 20-14-13000-0001 and -0007, 20-14-13050-0082, -0097, -0098, and -0099

7. **Property size:** 368.7 Acres (acres)

8. **Land Use Information:**

Zoning: Master Planned Resort Comp Plan Land Use Designation: Resort Residential

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.
- 10. **Are Forest Service roads/easements involved with accessing your development?** Yes **No** (Circle)
If yes, explain: _____
- 11. **What County maintained road(s) will the development be accessing from?**

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.

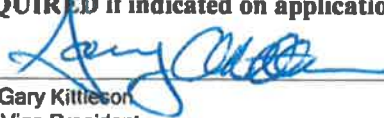
All correspondence and notices will be transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.

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

Signature of Land Owner of Record (required for application submittal):

SUNCADIA RESORT LLC
By LCIF SUNCADIA LLC, its managing member

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

X  1/19/2022
By Gary Kittleson
Its: Vice President

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

X  1/19/2022
By Roger Beck
Its: Senior Vice President