

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

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Office (509) 962-7506

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LP-0800029

LONG PLAT APPLICATION

(To divide lot into 5 or more lots)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO KCC 15A.03.030, 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

- Ten 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
- Address list of all landowners within 500 feet of the subject parcel(s). If adjoining parcels are owned by the applicant, then the 500 foot area shall extend from the farthest parcel. If the parcel is within a subdivision with a Homeowners' or Road Association, then please include the mailing address of the association.
- SEPA Checklist (Only required if your subdivision consists of 9 lots or more.
Please pick up a copy of the Checklist if required)

OPTIONAL ATTACHMENTS

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

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

FEES:

\$200 plus \$10 per lot for Public Works Department;
 \$625 plus \$75 per hour over 12.5 hours for Environmental Health Department;
 \$2000 for Community Development Services Department, PLUS \$400 if SEPA Checklist is required
 *One check made payable to KCCDS

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

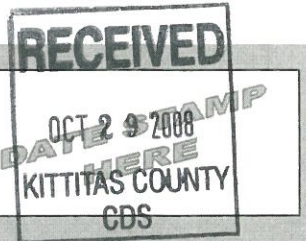
X

DATE:

10-29-08

RECEIPT #

3491



NOTES:

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

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

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

2. Name, mailing address and day phone of authorized agent (if different from land owner of record):

If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

Agent Name: David Gleason
Mailing Address: 18120 196th Ave SE
City/State/ZIP: Renton, WA 98058
Day Time Phone: (206) 650-4015
Email Address: gleasonproperties@comcast.net

3. Street address of property:

Address: TBD Red Bridge Road
City/State/ZIP: Cle Elum, WA 98922

4. Legal description of property:

Please see sheet 1 of 5 of the attached preliminary plat maps.

5. Tax parcel number(s): SEE ATTACHED

6. Property size: 85.86 total (acres)

7. Narrative project description: Please include 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 (be specific, attach additional sheets as necessary):

The attached proposal is for a 49 lot Performance Based Cluster Plat per KCC 16.09. There are five parcel involved for a total of 85.86 acres zoned Rural-3. The development will be served by a Class A waters system and individual onsite septic. In terms of bonus density points we are asking for the following: Group A: 50 points, Open Space: 20 points, Passive Recreation Facilities (picnic area): 5 points for a total of 75 points.

8. Are Forest Service roads/easements involved with accessing your development? Yes (Circle)
If yes, explain: _____

9. What County maintained road(s) will the development be accessing from? Red Bridge Road

10. 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 mailed to the Land Owner of Record and copies sent to the authorized agent.

Signature of Authorized Agent: (REQUIRED if indicated on application)	Date:
X <u>David Pearson, Member</u> <u>Swift Water Ranch, LLC</u>	<u>10-28-08</u>
Signature of Land Owner of Record (Required for application submittal):	Date:
X <u>Duan E. Cameron</u>	<u>10-28-08</u>

SwiftWater Ranch LLC. Performance Based Cluster Plat

1) Name and Addresses of the landowners of record:

SwiftWater Ranch, LLC.
c/o David Gleason
18120 196th Ave SE
Renton, WA 98058

Duane Cameron
PO Box 274
Enumclaw, WA 98022

5) Tax Parcel Numbers:

20-16-25000-0013
20-16-25000-0055
20-16-25000-0065
20-16-25000-0066
20-16-26000-0006

