

**KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES**

411 N. Ruby St., Suite 2, Ellensburg, WA 98926  
CDS@CO.KITTITAS.WA.US  
Office (509) 962-7506  
Fax (509) 962-7682

"Building Partnerships – Building Communities"

**PARCEL COMBINATION APPLICATION**

*(The process of combining two or more parcels, per KCC Title 16)*

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: a separate application must be filed for each combination request.

- Unified Site Plan of existing lot lines and proposed lot lines with distances of all existing structures, access points, well heads and septic drainfields.
- Signatures of all property owners.
- Legal descriptions of the proposed lots.
- Project narrative description including at minimum the following information: project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- 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

**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.

**APPLICATION FEE:**

\$50.00 Community Development Services

**\$50.00 Total fees due for this application** (Check made payable to KCCDS)

**FOR STAFF USE ONLY**

APPLICATION RECEIVED BY:  
(CDS STAFF SIGNATURE)

*[Handwritten Signature]*

DATE:

*12/10/12*

RECEIPT #

*06616215*

**PAID**

DEC 10 2012

DATE/STAMP HERE  
KITTITAS CO.  
CDS

**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: Mike Currie  
Mailing Address: 17791 Fjord Drive NE Slip 49  
City/State/ZIP: Poulsbo, WA 98370  
Day Time Phone: 206-755-0137  
Email Address: michael.currie@esd112.org

**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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Street address of property:**

Address: 160 Rocky Mountain Way  
City/State/ZIP: South Cle Elum 98943

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

\_\_\_\_\_  
\_\_\_\_\_

**6. Tax parcel numbers:** 059-0002 057-0001

**7. Property size:** 3.01 acres 3.00 acres (acres)

**8. Land Use Information:**

Zoning: \_\_\_\_\_ Comp Plan Land Use Designation: \_\_\_\_\_

9. Existing and Proposed Lot Information:

Original Parcel Numbers & Acreage

New Acreage (1 parcel number per line)

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

059-0002 3.01 acres  
057-0001 3.00 acres

6.01 acres

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT IS:  OWNER  PURCHASER  LESSEE  OTHER

**AUTHORIZATION**

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 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  \_\_\_\_\_

12/10/12

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**Treasurer's Office Review**

Tax Status: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Kittitas County Treasurer's Office

**EXHIBIT "A"**

Lot 1 of BIRDSONG MEADOWS PLAT, according to the Plat recorded in volume 10 of Plats at page(s) 160 & 161, records of Kittitas County, Washington.

**Abbreviated Legal:** Lot 1 of BIRDSONG MEADOWS PLAT

**Purported Address:**  
Rocky Mountain Way  
Cle Elum, Washington 98922

*MOR*  
5/3/11

**EXHIBIT A**

**Acres 3.01; STUART VISTA SHORT PLAT 06-14, LOT2; SEC 9; TWP 19; ~RGE 15~**





059-0004  
12.00

059-0003  
3.01

059-0002  
3.01

057-0002  
3.00

057-0005

057-0001  
3.00

057-0006

STUART VISTA SHORT PLAT 0

BIRDSONG MEADOWS PLAT

229.54

3.01

3.01

3.00

057-0006

057-0001  
3.00

057-0005

STUART VISTA SHORT PLAT 0

BIRDSONG MEADOWS PLAT

277.31

227.28

237.78

529.86

057-0001  
3.00

277.23

057-0005

151.79

420.05

057-0002  
3.00

258.91

057-0005

549.45

35.33

672.82

708.26

97.95

057-0001  
3.00

255.01

23

200.72

232.54

345

057-0006

759.66

1099.76

052-0001  
4.64

4.64

51







059-0004  
12.00

059-0003  
3.01

059-0002  
3.01

059-0001  
3.8

STUART VISTA SHORT PLAT 0

672.82

151.79

529.85

16913.5

708.29

420.05

88.64

1099.76

057-0001  
3.00

057-0002  
3.00

057-0003

057-0006

057-0005

BIRDSONG MEADOWS PLAT

549.45

680.10

227.28

95.36

24.15

24.15

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4.64

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STUART VISTA SHORT PLAT 0

BIRDSONG MEADOWS PLAT

059-0004  
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059-0003  
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059-0002  
3.01

057-0002  
3.00

057-0001  
3.00

057-0005

057-0006

057-0000

059-0001  
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052-0001  
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57



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549.45

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277.23

258.91

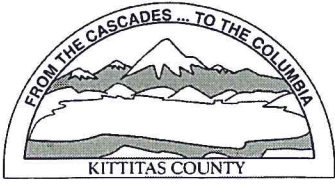
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23





KITTITAS COUNTY PERMIT CENTER  
411 N. RUBY STREET, ELLENSBURG, WA 98926

**RECEIPT NO.:** 00016215

COMMUNITY DEVELOPMENT SERVICES  
(509) 962-7506

PUBLIC HEALTH DEPARTMENT  
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS  
(509) 962-7523

**Account name:** 026473

**Date:** 12/10/2012

**Applicant:** CURRIE, MICHAEL R ETUX

**Type:** check # 8012

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
CB-12-00009	PARCEL COMBINATION	50.00
	Total:	50.00

**PAID**  
DEC 10 2012  
KITTITAS CO.  
CDS