



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

"Building Partnerships - Building Communities"

RECEIVED

OCT 09 2014

KITTTITAS COUNTY

CDS

**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. *See Figure 1*
- Signatures of all property owners.
- Legal descriptions of the proposed lots. *See Figure 2*
- 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)
  - Please pick up a copy of the SEPA Checklist if required) *N/A*

**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. *See Attachment A*

**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)

X

DATE:

10-9-14

RECEIPT #

CA-14-00010



**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: Daniel T and Barbara L Matlock  
Mailing Address: 17240 - 13<sup>th</sup> Ave NW  
City/State/ZIP: Shoreline, WA 98177  
Day Time Phone: 206-979-3057  
Email Address: dan@pgwg.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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Street address of property:**

Address: TBD  
City/State/ZIP: \_\_\_\_\_

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

Lot 3 of Engelhart Short Plat, Kittitas County Short Plat # 06-38, portion of NW1/4, Sec 2, T19N, R4E, W4  
Tract ID of survey recorded 3/8/2000 in Book 25 of Surveys, Page 4, under AFN 200003080020  
Kittitas County, Portion of NE1/4, Sec 3, T19N, R14E, W4.

6. Tax parcel numbers: 952837 and 16351

7. Property size: 3.01 + 2.84 = 5.85 (acres)

**8. Land Use Information:**

Zoning: 91 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 \_\_\_\_)

952837 3.01 acres  
16351 2.84 acres  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.84 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 David T. McHale

10/6/14

**Treasurer's Office Review**

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

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

Kittitas County Treasurer's Office