



# 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)

X \_\_\_\_\_

DATE:

4-7-15

RECEIPT #

CB15



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

FORM LAST REVISED: 01-05-2011

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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: John and Deborah Adair  
Mailing Address: 21026 NE 4th St  
City/State/ZIP: Sammamish, Wa 98074  
Day Time Phone: 206 769 6550  
Email Address: jdjjadair@comcast.net

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

4. **Street address of property:**

Address: 1241 Kias Elk Trail  
City/State/ZIP: Cle Elum, Wa 98922

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

AC:0.0000 CD.5762-27-1: Summerside Addition Lot 1, Block 3, excluding the N 1 foot (buffer strip) and Summerside Addition the N 1 foot (buffer strip)

6. **Tax parcel numbers:** 055334 and 681236

7. **Property size:** 0.9 (acres)

8. **Land Use Information:**

Zoning: Rural 5 (I believe)      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 \_\_\_\_)

Combine lots into one parcel  
055334  
681236

0.9

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 

3/31/15

Deborah Adams

3-31-15

**Treasurer's Office Review**

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

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

Kittitas County Treasurer's Office