



**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.
- Tax Receipt (full-year taxes must be paid in full)
- 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)

Additional →  
M/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.

**APPLICATION FEE:**

\$550.00 Community Development Services

\$150.00 Public Works

**\$700.00 Total fees due for this application (Check made payable to KCCDS)**

**FOR STAFF USE ONLY**

APPLICATION RECEIVED BY:  
(CDS STAFF SIGNATURE)

X Molly Rockhill

DATE:

9/17/19

RECEIPT #

CD19-02558



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: David & DeeAnn Burman  
Mailing Address: 2125 Western Avenue, Unit #1  
City/State/ZIP: Seattle, Washington 98121  
Day Time Phone: 206-448-8847  
Email Address: dburman@cablespeed.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: Stillwell Hanson Architects  
Mailing Address: 46 Etruria Street #200  
City/State/ZIP: Seattle, Washington 98109  
Day Time Phone: 206-297-1504  
Email Address: craig@stillwellhanson.com

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

Name: Same as Authorized Agent  
Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

4. **Street address of property:**

Address: 80 Orphan Nugget Lane  
City/State/ZIP: Cle Elum, Washington 98922

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

6. **Tax parcel numbers:** 950228 (20-14-24051-0740) & 950227 (20-14-24051-0739)

7. **Property size:** .97 acres (42,409 sf) & .78 acres (34,253 sf) (acres)

8. **Land Use Information:**

Zoning: M.P. Resort Comp Plan Land Use Designation: Rural Rec.

9. Existing and Proposed Lot Information:

Original Parcel Numbers & Acreage

New Acreage (1 parcel number per line)

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

950228 (20-14-24051-0740) .97 acres

1.76 acres

950227 (20-14-24051-0739) .79 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  \_\_\_\_\_

9/16/19

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

Date:

X  \_\_\_\_\_

9/16/19

**Treasurer's Office Review**

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

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

Kittitas County Treasurer's Office