

## KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

"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)  Please pick up a copy of the SEPA Checklist if required)					
OPTIONAL ATTACHMENTS					

<ul> <li>An original survey of the current lot lines. (Please do not submit a new survey of the proposed adjusted or parcels until after preliminary approval has been issued.)</li> <li>Assessor Compas Information about the parcels.</li> </ul>					
	\$550.00 \$586.00	APPLICATION FEE: Community Development Services Public Works			

\$1,136.00 Total fees due for this application (Check made payable to KCCDS)

#### FOR STAFF USE ONLY

APPLICATION RECEIVED BY: (CDS STAFF SIGNATURE)	DATE:	RECEIPT#	DECEIVE
x 1/L)	1 <u>565-61</u>	CD21-0438/	DEC 2 3 2021

### **GENERAL APPLICATION INFORMATION**

4 4 1

1.	Name, mailing address and day phone of land owner(s) of record:  Landowner(s) signature(s) required on application form.			
	Name:	Land Lloyd Development, Inc.		
	Mailing Address:	P.O. Box 3889		
	City/State/ZIP:	Federal Way, WA 98063-3889		
	Day Time Phone:	206-786-2162		
	Email Address:	markcouper@yahoo.com / bobc1@landlloyd.com		
2.	owner of record: or application submittal.			
	Agent Name:	Tim McDaniel, PLS, CfedS		
	Mailing Address:	2601 S. 35th St., Ste 200		
	City/State/ZIP:	Tacoma, WA 98409		
	Day Time Phone:	253-473-4494		
	Email Address: mcdaniel@apexengineering.net			
3. Name, mailing address and day phone of other contact person  If different than land owner or authorized agent.				
	Name:	Staci Saunders		
	Mailing Address:	2601 S. 35th St., Ste 200		
	City/State/ZIP:	Tacoma, WA 98409		
	Day Time Phone:	253-473-4494		
	Email Address:	saunders@apexengineering.net		
4.	Street address of property:			
	Address:	NKA Whisper Creek Dr. & NKA Westside Rd.		
	City/State/ZIP:	Cle Elum, WA 98922		
5.	Legal description of property (attach additional sheets as necessary): Please see attached.			
6.	Tax parcel numbers: 952556 & 18106			
7,	Property size: 14.61 ±		(acres)	
8.	Land Use Information:  Zoning: _Rural 5			

9.	Existing and Proposed Lot Information:						
	Original Parcel Numbers & Acreage	New Acreage (1 parcel number per line)					
		(Survey Vol, Pg)					
	952556 - 4.5± acres						
	18106 - 10.11± acres						
	APPLICANT IS: X OWNER PURC	HASERLESSEEOTHER					
	AUTH	ORIZATION					
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 ag	l correspondence and notices will be transmitted t ent or contact person, as applicable,	to the Land Owner of Record and copies sent to the authorized					
	ure of Authorized Agent:	Date:					
X_	TIRED if indicated on application)	12/7/2021					
Signatı	ure of Land Owner of Record	Date:					
(Requir	red for application submittal):	12-7-21					
1 /lo	ancey.	14-1-41					
Tax Sta		's Office Review  Date:					
14,104		County Treasurer's Office					
		•					
	COMMUNITY DEVELO	PMENT SERVICES REVIEW					
	Deed Recording Vol Page Date	**Survey Required: Yes No					
Ca	ard #:	Parcel Creation Date:					
Las	st Split Date:	Current Zoning District:					
Pre	eliminary Approval Date:						
Fin	nal Approval Date:						