



# KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.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)
  - 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:

\$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)

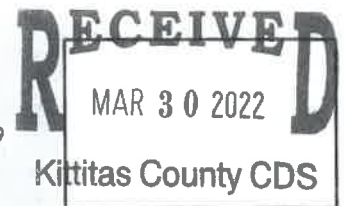
X \_\_\_\_\_

DATE:

3-30-22

RECEIPT #

CD22-00916



DATE STAMP HERE

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

FORM LAST REVISED: 03-30-2020

Page 1 of 3

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 W. and Elena Harnish  
Mailing Address: 7635 NE 12th Street  
City/State/ZIP: Medina, WA 98039  
Day Time Phone: 425-251-9800  
Email Address: jwharnish@harnishgrp.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: ESM Consulting Engineers LLC, Zachary T. Lennon, P.L.S.  
Mailing Address: 33400 8th Avenue South, Suite 205  
City/State/ZIP: Federal Way, WA 98003  
Day Time Phone: 253-838-6113  
Email Address: zack.lennon@esmcivil.com

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: Not assigned - Gold Leaf Lane  
City/State/ZIP: Cle Elum WA 98922

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

6. **Tax parcel numbers:** 20-14-14051-1631 and 20-14-14051-1632

7. **Property size:** 0.87 (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 \_\_\_\_)

20-14-14051-1631 0.45 acres

0.87 acres

20-14-14051-1632 0.42 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

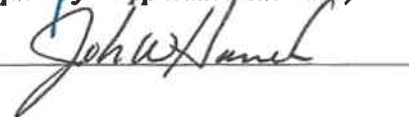


2/8/2022

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

Date:

X



3/21/22

**Treasurer's Office Review**

Tax Status: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Kittitas County Treasurer's Office

**COMMUNITY DEVELOPMENT SERVICES REVIEW**

Deed Recording Vol. \_\_\_\_\_ Page \_\_\_\_\_ Date \_\_\_\_\_ \*\*Survey Required: Yes \_\_\_ No \_\_\_

Card #: \_\_\_\_\_

Parcel Creation Date: \_\_\_\_\_

Last Split Date: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Preliminary Approval Date: \_\_\_\_\_

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

Final Approval Date: \_\_\_\_\_

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