



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)
 - 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:

\$560.00 Community Development Services

\$586.00 Public Works

\$1,146.00 Total fees due for this application (Check made payable to KCCDS)

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

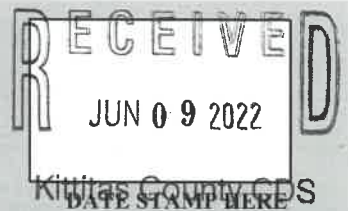
Dair Weyand

DATE:

6-9-22

RECEIPT #

CB-22-00005



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: Chad Stevens
Mailing Address: 71 Carbine Ct.
City/State/ZIP: Cle Elum WA 98922
Day Time Phone: 206 321 1961
Email Address: CStevens@cascade mtr. 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: _____
City/State/ZIP: _____

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

6. Tax parcel numbers: Combine 371 334 & 381 334
7. Property size: 1/6 ac 1/7 ac (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 ____)

Combine 2 parcels
existing vacant land

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]

6/9/2022

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

Date:

X _____

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: _____