

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 St.
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 [Signature]

7/12/2022

Tax Status: paid

Treasurer's Office Review

By: Kylee Waudstoll Date: 7/29/22

Kititas 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: Rural 5

Preliminary Approval Date: _____

By: _____

Final Approval Date: 7-29-2022

By: [Signature]