

CB.22.00007



**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.

N/A

- 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:**

\$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)

x [Signature]

DATE:

9/2/22

RECEIPT #

022.02969



Kittitas County CDS  
DATE STAMP HERE

**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: Cle Elum Self Storage LLC  
Mailing Address: PO Box 900  
City/State/ZIP: Cle Elum, WA 98922  
Day Time Phone: 206.391.2143  
Email Address: marlaine@apexfacility.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: Sam Ward, APS Survey & Mapping, Inc.  
Mailing Address: 13221 SE 26th Street, Suite A  
City/State/ZIP: Bellevue, WA 98005  
Day Time Phone: 425.746.3200  
Email Address: samw@apssm.com

4. **Street address of property:**

Address: 81 Carek Road & 3131 SR 903  
City/State/ZIP: Roslyn, WA 98941

5. **Legal description of property (attach additional sheets as necessary):**  
*Full legal description shown on face of Site Plan.*

\_\_\_\_\_

6. **Tax parcel numbers:** 773034 & 763034

7. **Property size:** 2.02 (acres)

8. **Land Use Information:**

Zoning: General Commercial      Comp Plan Land Use Designation: Rural Recreational

9. Existing and Proposed Lot Information:

Original Parcel Numbers & Acreage

New Acreage (1 parcel number per line)

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

773034 = 1.01 acres

773034 = 2.02 acres

763034 = 1.01 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 \_\_\_\_\_

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

Date:  
8/25/22

X Marlaine Watson,  
managing member  
Cle Elum Self Storage LLC

**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: \_\_\_\_\_