

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

LONG PLAT APPLICATION

(To divide lot into 5 or more lots)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CALL THE DEPARTMENT IF YOU WOULD LIKE TO SET UP A MEETING TO DISCUSS YOUR PROJECT. INCOMPLETE APPLICATIONS WILL **NOT** BE ACCEPTED.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS APPLICATION PACKET:

REQUIRED ATTACHMENTS

need 5 more

- Ten large copies of plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5" x 11" copy
- Address list of all landowners within 500 feet of the site's tax parcel. If adjoining parcels are owned by the applicant, the 500 feet extends from the farthest parcel. If the parcel is within a subdivision with a Homeowners or Road Association, please include the address of the association.
- SEPA Checklist (Only required if your subdivision consists of 9 lots or more.
Please pick up a copy of the Checklist if required)

OPTIONAL ATTACHMENTS

(Optional at preliminary submittal, but required at the time of final submittal)

- Certificate of Title (Title Report)
- Computer lot closures

FEES:

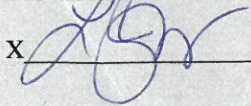
\$200 plus \$10 per lot for Public Works Department;
 \$625 plus \$75 per hour over 12.5 hours for Environmental Health Department;
 \$1500 for Community Development Services Department, PLUS \$225 if SEPA Checklist is required
 2000.00 *One check made payable to KCCDS \$100.00

FOR STAFF USE ONLY

RECEIVED

APPLICATION RECEIVED BY:

SIGNATURE:

X 

DATE:

01-11-08

RECEIPT #

2753



NOTES:

DARRYL PIERCY, DIRECTOR

ALLISON KIMBALL, ASSISTANT DIRECTOR

COMMUNITY PLANNING BUILDING INSPECTION PLAN REVIEW ADMINISTRATION PERMIT SERVICES CODE ENFORCEMENT FIRE INVESTIGATION

1. **Name, mailing address and day phone of land owner(s) of record:**

Name: Charles Firkins
Mailing Address: 2952 Game Farm Road
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: (509) 962-2296
Email Address: _____

2. **Name, mailing address and day phone of authorized agent (if different from land owner of record):**

Agent Name: Cam STEENWOOD
Mailing Address: 3323 Brickmill RD
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: 509-306 9300
Email Address: _____

3. **Contact person for application (select one):**

Owner of record Authorized agent

All verbal and written contact regarding this application will be made only with the contact person.

4. **Street address of property:**

Address: 2952 Game Farm Road
City/State/ZIP: Ellensburg, WA 98926

5. **Legal description of property:**

See attached legal

6. **Tax parcel number(s):** 18-19-29040-0008 & 0009

7. **Property size:** 15.03 (acres)

8. **Narrative project description:** Please include the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description (be specific, attach additional sheets as necessary):

The subject property is located north of the Vantage Highway, east of Wilson Creek Road, on Game Farm Road in the SE 1/4 of Section 29, T18N, R19E, W.M. The owner is proposing individual wells and septic. This project also includes a request to rezone from Ag-20 to Ag-3 and subdivide the subject property into 5 lots.

9. Are Forest Service roads/easements involved with accessing your development? Yes No (Circle)
If yes, explain: NO

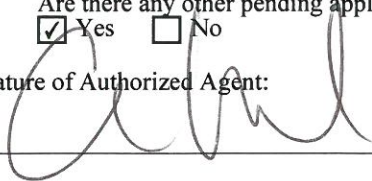
10. What County maintained road(s) will the development be accessing from? Game Farm Road

11. 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.

12. Are there any other pending applications associated with the property associated with this application?
 Yes No

Signature of Authorized Agent:

X



Date:

11/29/07

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

X



Date:

11/29/07

FIRKINS PLAT

A PORTION OF SECTION 29, TOWNSHIP 18N, RANGE 19E, W.M. KITITITAS COUNTY, WASHINGTON

P-08-XX



THE CONTOURS SHOWN HEREON WERE APPROXIMATED.

LEGEND



A SECTION CORNER AS NOTED



A QUARTER CORNER AS NOTED



FND REBAR



SET 1/2" REBAR L± 180²2

FENCE

INDEX LOCATION:
SEC. 29, T. 18N. R. 19E. W.M.



RECORDER'S CERTIFICATE

Filed for record this _____ day of _____, 20____ at _____ M
in book _____ of _____ at the request of _____
DAVID P. NELSON
Surveyor & Name _____
County Auditor _____ Deputy County Auditor _____

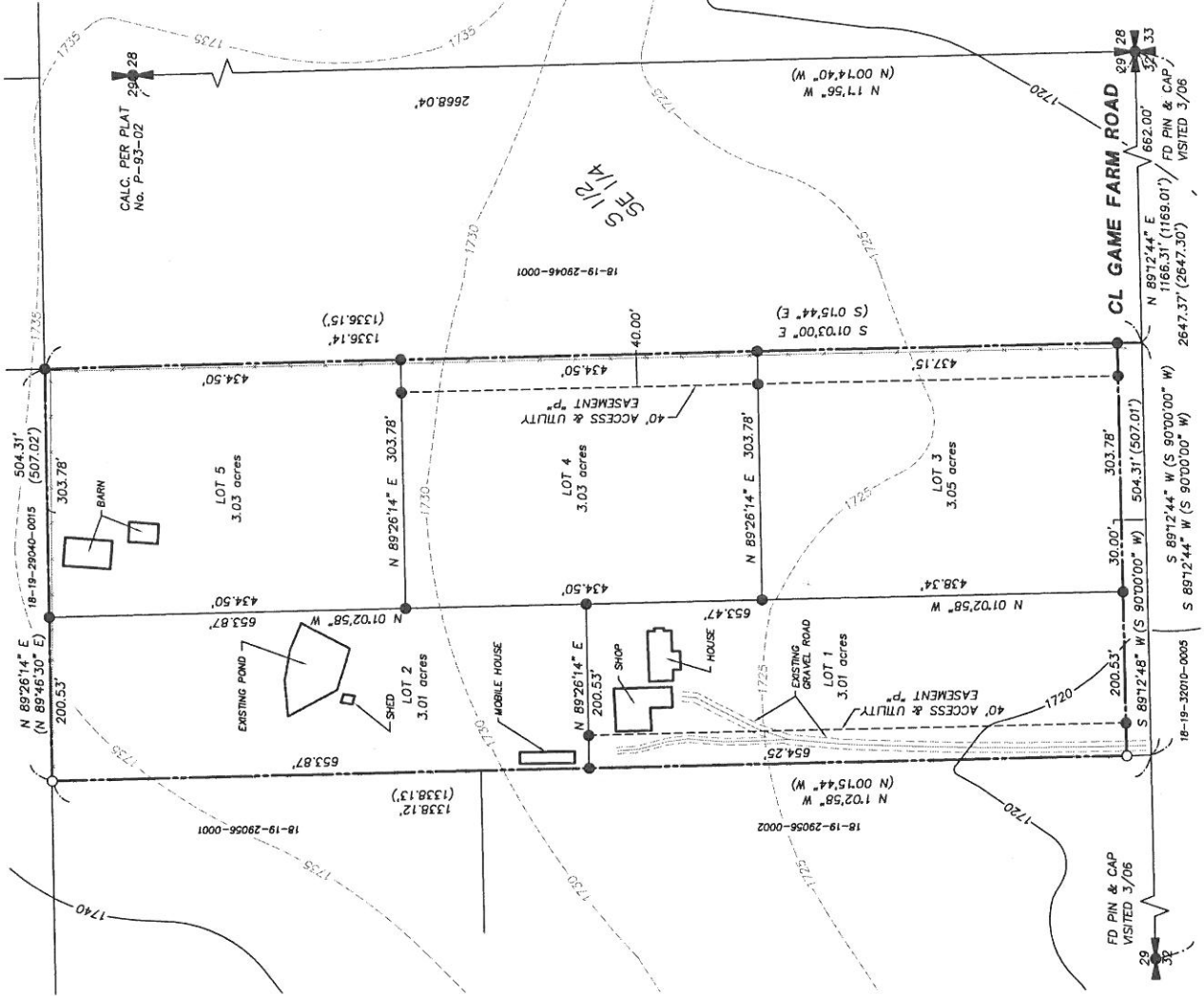
SURVEYOR'S CERTIFICATE

This map correctly represents a survey made by me or under my direction in conformance with the requirements of the Surveying and Recording Act at the request of _____
DAVID P. NELSON
DATE _____
Certificate No. 18092



FIRKINS PLAT
A PORTION OF SEC. 29, T. 18N, R. 19E, W.M.
KITITITAS COUNTY, WASHINGTON

DWN BY	M. RADIC	DATE	12/20/2007	JOB NO.	07193
CRD BY	D. NELSON	SCALE	1"=100'	SHEET	1 of 2



19	BRICK MILL RD.	20	21
30	WILSON CREEK RD.	29	BURROUGHS ROAD
31	J. RONALD	32	WATSON ROAD
32	VANTAGE HWY.	33	
33		34	

APPROVALS

KITITITAS COUNTY DEPARTMENT OF PUBLIC WORKS
EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 200____

KITITITAS COUNTY ENGINEER
KITITITAS COUNTY HEALTH DEPARTMENT
I HEREBY CERTIFY THAT THE FIRKINS PLAT HAS BEEN EXAMINED BY ME AND I FIND THAT THE SEWAGE AND WATER SYSTEM HEREIN SHOWN DOES MEET AND COMPLY WITH ALL REQUIREMENTS OF THE COUNTY HEALTH DEPARTMENT.
DATED THIS _____ DAY OF _____ A.D., 200____

KITITITAS COUNTY HEALTH OFFICER
KITITITAS COUNTY HEALTH DEPARTMENT
I HEREBY CERTIFY THAT THE FIRKINS PLAT HAS BEEN EXAMINED BY ME AND I FIND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITITITAS COUNTY PLANNING COMMISSION.
DATED THIS _____ DAY OF _____ A.D., 200____

KITITITAS COUNTY PLANNING DIRECTOR
KITITITAS COUNTY PLANNING DIRECTOR
I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE PLAT IS NOW TO BE FILED.
PARCEL NOS. 18-19-29040-008 (952085) & 18-19-29040-009 (952085)
DATED THIS _____ DAY OF _____ A.D., 200____

KITITITAS COUNTY TREASURER
KITITITAS COUNTY TREASURER
I HEREBY CERTIFY THAT THE FIRKINS PLAT HAS BEEN EXAMINED BY ME AND I FIND THE PROPERTY TO BE IN AN ACCEPTABLE CONDITION FOR PLATTING.
PARCEL NOS. 18-19-29040-008 (424634) & 18-19-29040-009 (952085)
DATED THIS _____ DAY OF _____ A.D., 200____

KITITITAS COUNTY ASSESSOR
KITITITAS COUNTY ASSESSOR
KITITITAS COUNTY BOARD OF COMMISSIONERS
EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 200____

BOARD OF COUNTY COMMISSIONERS
KITITITAS COUNTY, WASHINGTON
BY: CHAIRMAN _____ CLERK OF THE BOARD _____
ATTEST: _____
NOTICE: THE APPROVAL OF THIS PLAT IS NOT A GUARANTEE THAT FUTURE PERMITS WILL BE GRANTED.