

KITITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITITITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITITITAS 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

- Five large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5"x11" 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.

OPTIONAL ATTACHMENTS

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

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

FEES:

\$190 plus \$10 per lot for Public Works Department;
\$380 plus \$75/hr. over 4 hrs. for Environmental Health Department;
\$450 for Community Development Services Department
(One check made payable to KCCDS)

RECEIVED
FEB 07 2008
KITITITAS COUNTY
CDS

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:

SIGNATURE:

X *[Signature]*

DATE:

2/7/08

RECEIPT #

DATE STAMP
HERE

NOTES:

Revised application. Original was denied.

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: Richard Graham
Mailing Address: PO Box 1026
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: 509-304-6145
Email Address: rgraham@johnlscott.com

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

Agent Name: Same as above
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
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: 7641 Lower Peoh Point Road
City/State/ZIP: Cle Elum, WA 98922

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5. **Legal description of property:**

see attached legal

6. **Tax parcel number(s):** 19-16-04030-0013

7. **Property size:** 12.19 _____ (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 currently 12.19 acres. The short plat request is to subdivide the 12.19 acre parcel into four lots. The subject property is located south of I-90 off of Lower Peoh Point Road, Cle Elum, WA. Proposed water: Individual or Group B; Proposed Septic: Individual.

9. Are Forest Service roads/easements involved with accessing your development? Yes (explain) No

10. What County maintained road(s) will the development be accessing from?
Lower Peoh Point 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.

Signature of Authorized Agent:

Date:

X _____

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

Date:

X Richard Graham

01/31/08

RECEIVED
FEB 07 2008
KITITAS COUNTY
CDS

RECEIVING NO. _____

GRAHAM FAMILY SHORT PLAT SP-08-???

PORTION OF SW 1/4 OF SECTION 4,
TOWNSHIP 19 NORTH, RANGE 16 EAST, W.M.

LEGEND

- SECTION CORNER
- RECORD DATA
- MEASURED BEARING AND/OR DISTANCE
- PVD CAP & REBAR
- SET CAP & REBAR



NOTE:
THE EXISTING UTILITIES AS SHOWN ARE ONLY APPROXIMATE AND ARE BASED ON THE BEST AVAILABLE INFORMATION. THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY THE SIZE, TYPE, LOCATION AND DEPTH OF ALL EXISTING UTILITIES PRIOR TO STARTING CONSTRUCTION AND INFORM THE DESIGN ENGINEER OF ANY DISCREPANCIES.

Call Before You Dig
1-800-553-4344

INDEX LOCATION:
SEC. 4 T. 19N R. 16E W.M.

GRAPHIC SCALE



RECORDER'S CERTIFICATE
FILED FOR RECORD THIS _____ DAY OF _____ AT _____ M.
IN BOOK OF _____ AT PAGE _____ AT THE REQUEST OF
DAVID P. NELSON
Surveyor's 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 SURVEY RECORDING ACT AT THE REQUEST OF RICHARD GRAHAM.

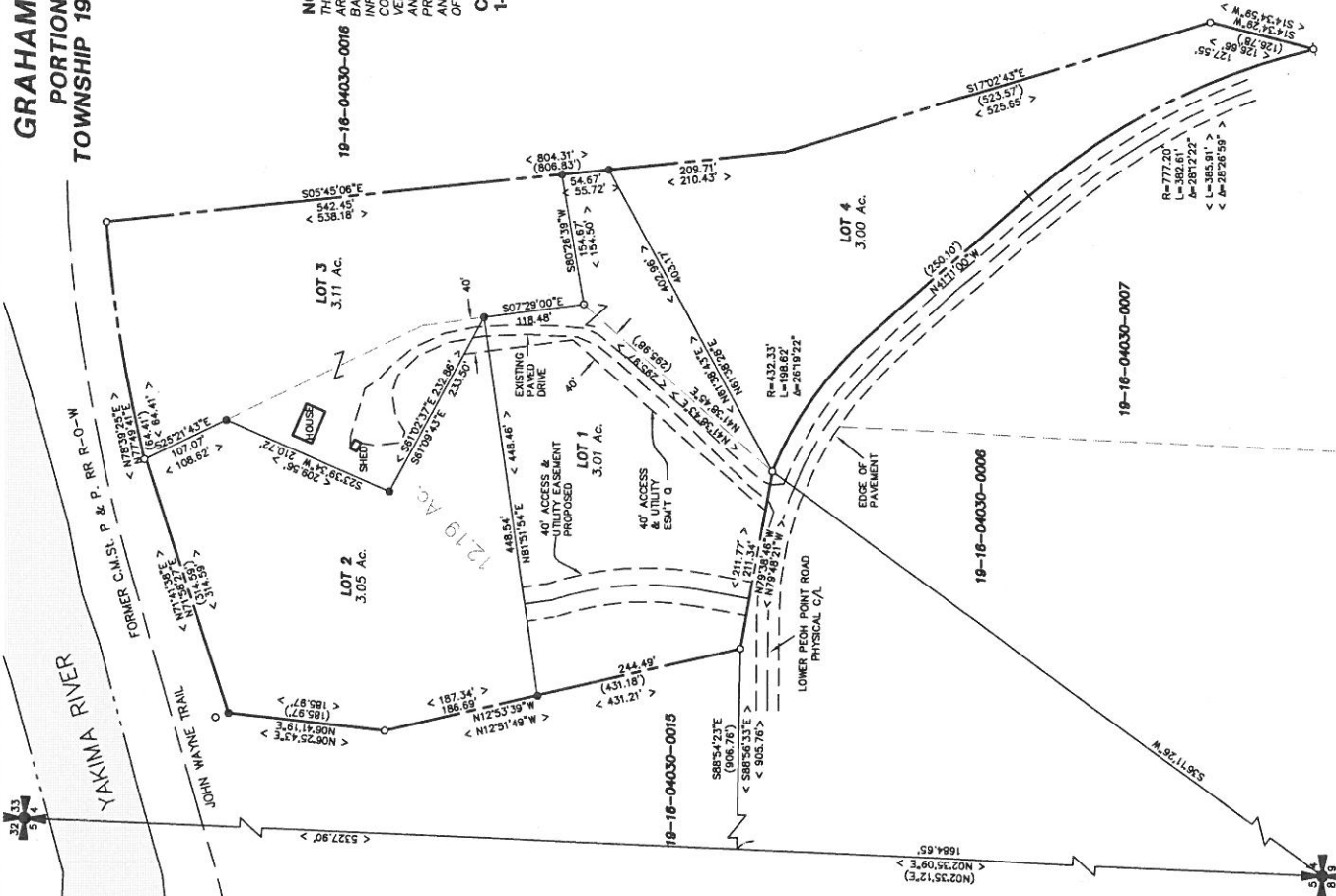
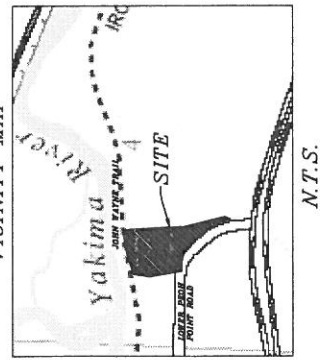
DAVID P. NELSON
CERTIFICATE NUMBER 18092
DATE

K.C.S.P. NO. 08-???
Portion of Sec. 04, T.19N., R.16E., W.M.
Kittitas County, Washington

DWN BY	DATE	JOB NO.
DLP/MRN	01/2008	07206
CHKD BY	SCALE	SHEET
D. NELSON	1"=100'	1 OF 2



108 EAST 2ND STREET
CLE ELUM, WA 98922
PHONE: (509) 674-7433
FAX: (509) 674-7419



APPROVALS

KITTITAS COUNTY PUBLIC WORKS
EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 20____
KITTITAS COUNTY ENGINEER _____

COUNTY PLANNING DIRECTOR
I HEREBY CERTIFY THAT THE GRAHAM FAMILY SHORT PLAT HAS BEEN EXAMINED BY ME AND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITTITAS COUNTY PLANNING COMMISSION.
DATED THIS _____ DAY OF _____ A.D., 20____
KITTITAS COUNTY PLANNING DIRECTOR _____

KITTITAS COUNTY HEALTH DEPARTMENT
PRELIMINARY INSPECTION INDICATED SOIL CONDITIONS MAY ALLOW USE OF SEPTIC TANKS AS A TEMPORARY MEANS OF SEWAGE DISPOSAL FOR SOME, BUT NOT ALL, PROSPECTIVE PURCHASERS OF THIS LOT. ARE URGED TO MAKE INQUIRIES AT THE COUNTY HEALTH DEPARTMENT ABOUT ISSUANCE OF SEPTIC TANK PERMITS FOR LOTS.
DATED THIS _____ DAY OF _____ A.D., 20____
KITTITAS COUNTY HEALTH OFFICER _____

CERTIFICATE OF COUNTY TREASURER
I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE PLAT IS NOW BEING FILED.
DATED THIS _____ DAY OF _____ A.D., 20____
KITTITAS COUNTY TREASURER _____

ORIGINAL TAX LOT NO. 19-16-04030-0013 (456534)

RECEIVING NO.

GRAHAM FAMILY SHORT PLAT SP-08-02 PORTION OF SW 1/4 OF SECTION 4, TOWNSHIP 19 NORTH, RANGE 16 EAST, W.M.

RECEIVED
FEB 07 2008
KITITAS COUNTY
CDS

LEGEND

- SECTION CORNER
- RECORDED DATA
- MEASURED BEARING AND/OR DISTANCE
- FIND CAP & REBAR
- SET CAP & REBAR *LSI 10000*
- WELL HEAD



INDEX LOCATION:
SEC. 4 T. 19 N. R. 16 E. W.M.



RECORDER'S CERTIFICATE
 FILED FOR RECORD THIS _____ DAY OF _____ 20____ AT _____ M
 IN BOOK _____ OF _____ AT PAGE _____ AT THE REQUEST OF
 DAVID P. NELSON
 Surveyor's Name

County Auditor _____ Deputy County Auditor

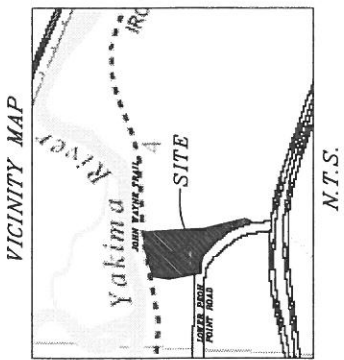
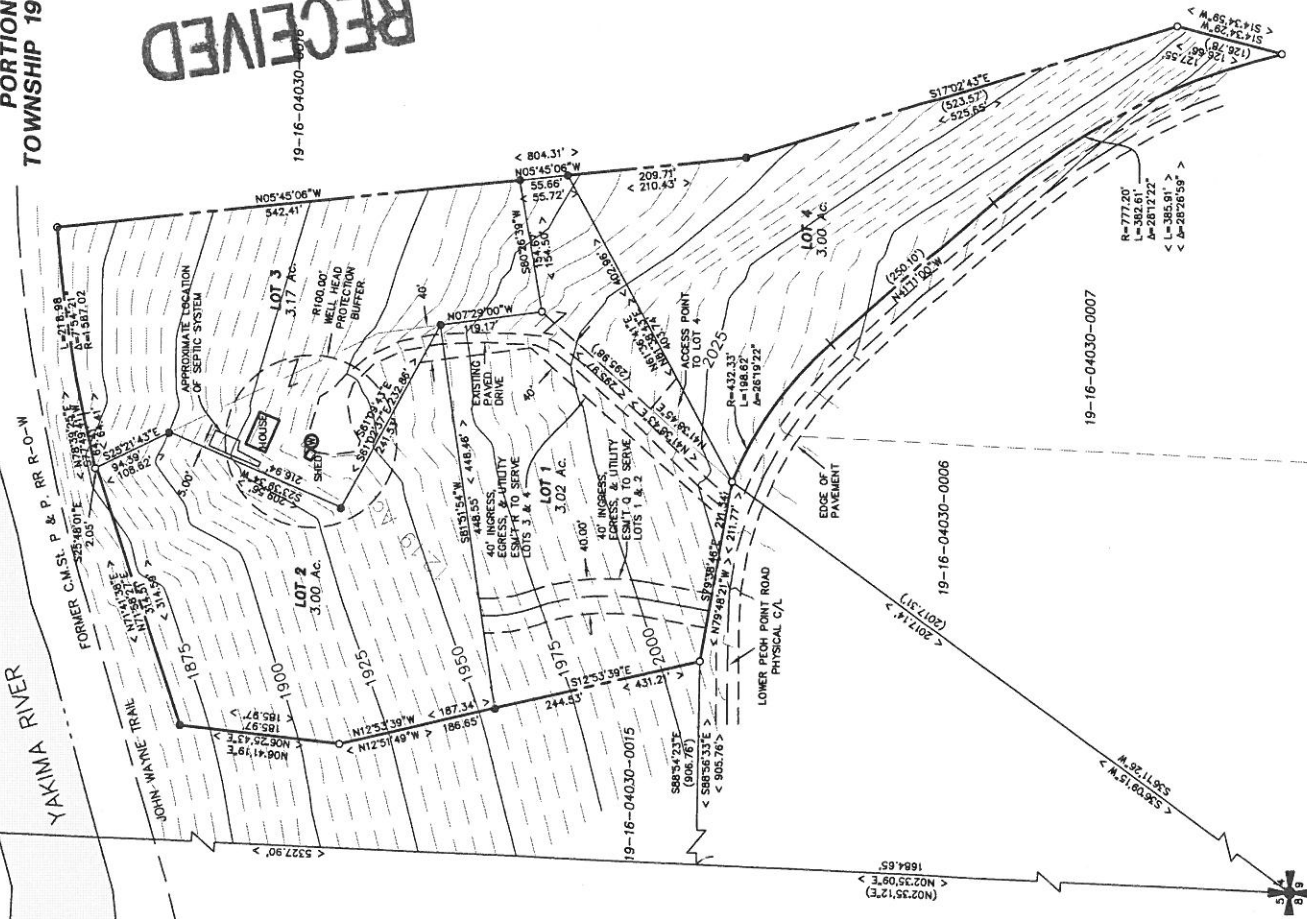
SURVEYOR'S CERTIFICATE
 THIS MAP CORRECTLY REPRESENTS A SURVEY MADE BY
 ME OR UNDER MY DIRECTION IN CONFORMANCE WITH THE
 REQUIREMENTS OF THE SURVEY RECORDING ACT AT THE
 REQUEST OF _____
 RICHARD J. BRANNAN
 RICHARD J. BRANNAN
 DATE _____
 DAVID P. NELSON
 CERTIFICATE NUMBER 18092

K.C.S.P. NO. 08-02
Portion of Sec. 04, T.19N., R.16E., W.M.
Kititas County, Washington

DWN BY **DLP/MRN** DATE **01/2008** JOB NO. _____
 CHKD BY **D. NELSON** SCALE **1"=100'** SHEET **1** OF **2**



108 EAST 2ND STREET
 CLE ELUM, WA 99222
 PHONE: (509) 874-7433
 FAX: (509) 874-7419



APPROVALS

KITITAS COUNTY PUBLIC WORKS
 EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 20____

 KITITAS COUNTY ENGINEER

COUNTY PLANNING DIRECTOR
 I HEREBY CERTIFY THAT THE GRAHAM FAMILY SHORT PLAT HAS
 BEEN EXAMINED BY ME AND THAT IT CONFORMS TO
 THE COMPREHENSIVE PLAN OF THE KITITAS COUNTY PLANNING
 COMMISSION.
 DATED THIS _____ DAY OF _____ A.D., 20____

 KITITAS COUNTY PLANNING DIRECTOR

KITITAS COUNTY HEALTH DEPARTMENT
 PRELIMINARY INSPECTION INDICATED SOIL CONDITIONS
 MAY ALLOW USE OF SEPTIC TANKS AS A TEMPORARY
 MEASURE UNTIL THE SOILS ARE REEVALUATED. THE SOILS
 NECESSARY FOR BUILDINGS WITHIN THIS SHORT
 PLAT. PROSPECTIVE PURCHASERS OF THIS LOT ARE URGED
 TO MAKE INQUIRIES AT THE COUNTY HEALTH DEPARTMENT
 ABOUT ISSUANCE OF SEPTIC TANK PERMITS FOR LOTS.
 DATED THIS _____ DAY OF _____ A.D., 20____

 KITITAS COUNTY HEALTH OFFICER

CERTIFICATE OF COUNTY TREASURER
 I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS
 DUE ON THIS PLAT ARE PAID THROUGHOUT THE YEAR
 YEAR IN WHICH THE PLAT IS NOW BEING FILED.
 DATED THIS _____ DAY OF _____ A.D., 20____

 KITITAS COUNTY TREASURER

ORIGINAL TAX LOT NO. 19-16-04030-0013 (466534)