

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

LP-08-00025

(To divide lot into 5 or more lots)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO KCC 15A.03.030, 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

- 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 subject parcel(s). If adjoining parcels are owned by the applicant, then the 500 foot area shall extend from the farthest parcel. If the parcel is within a subdivision with a Homeowners' or Road Association, then please include the mailing 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;
 \$2000 for Community Development Services Department, PLUS \$400 if SEPA Checklist is required
 *One check made payable to KCCDS

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE) _____

X *[Signature]*

DATE:

7.30.08

RECEIPT # _____



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:**
Landowner(s) signature(s) required on application form.

Name: Walter Darrow
Mailing Address: 10650 Teanaway Road
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: (509) 674-2681
Email Address: N/A

2. **Name, mailing address and day phone of authorized agent** (if different from land owner of record):
If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

Agent Name: Same as Above
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

3. **Street address of property:**

Address: 10650 Teanaway Road
City/State/ZIP: Cle Elum, WA 98922

4. **Legal description of property:**

The legal description is included on the preliminary plat map.

5. **Tax parcel number(s):** 20-16-05020-0017

6. **Property size:** 27.16 (acres)

7. **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 property is currently 27.16 acres. It is located north of Cle Elum, off of the Teanaway Road in Sect. 05 of T.20N., R.16E. W.M. Water will be by individual or shared well. Septic will be individual onsite systems.

8. **Are Forest Service roads/easements involved with accessing your development?**

Yes No (Circle) If yes, explain:

9. What County maintained road(s) will the development be accessing from?
Teanaway Road

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 mailed to the Land Owner of Record and copies sent to the authorized agent.

Signature of Authorized Agent:
(REQUIRED if indicated on application)

Date:

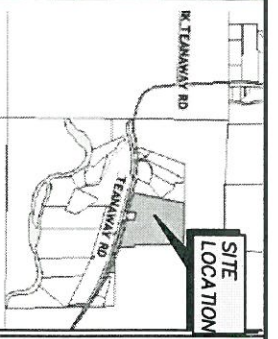
X _____

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

Date:

X Walter J. Danner

4-28-08



VICINITY MAP - N.T.S.

APPROVALS

KITITAS COUNTY DEPARTMENT OF PUBLIC WORKS
EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D. 200__

KITITAS COUNTY ENGINEER

KITITAS COUNTY HEALTH DEPARTMENT
I HEREBY CERTIFY THAT THE DAWBOW PLAT HAS BEEN EXAMINED BY ME AND I FIND THAT THE SEWER AND WATER STOPS HERON SHOWN DOES MEET AND COMPLY WITH ALL REQUIREMENTS OF THE COUNTY HEALTH DEPARTMENT.
DATED THIS _____ DAY OF _____ A.D. 200__

KITITAS COUNTY PLANNING DIRECTOR

KITITAS COUNTY TREASURER
I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE DAWBOW PLAT IS NOW TO BE FILED.
PARCEL NO.'s 20-18-05000-0018 (287838),
PARCEL NO.'s 20-18-05000-0018 (287838),
PARCEL NO.'s 20-18-05000-0019 (277438)
DATED THIS _____ DAY OF _____ A.D. 200__

KITITAS COUNTY ASSESSOR

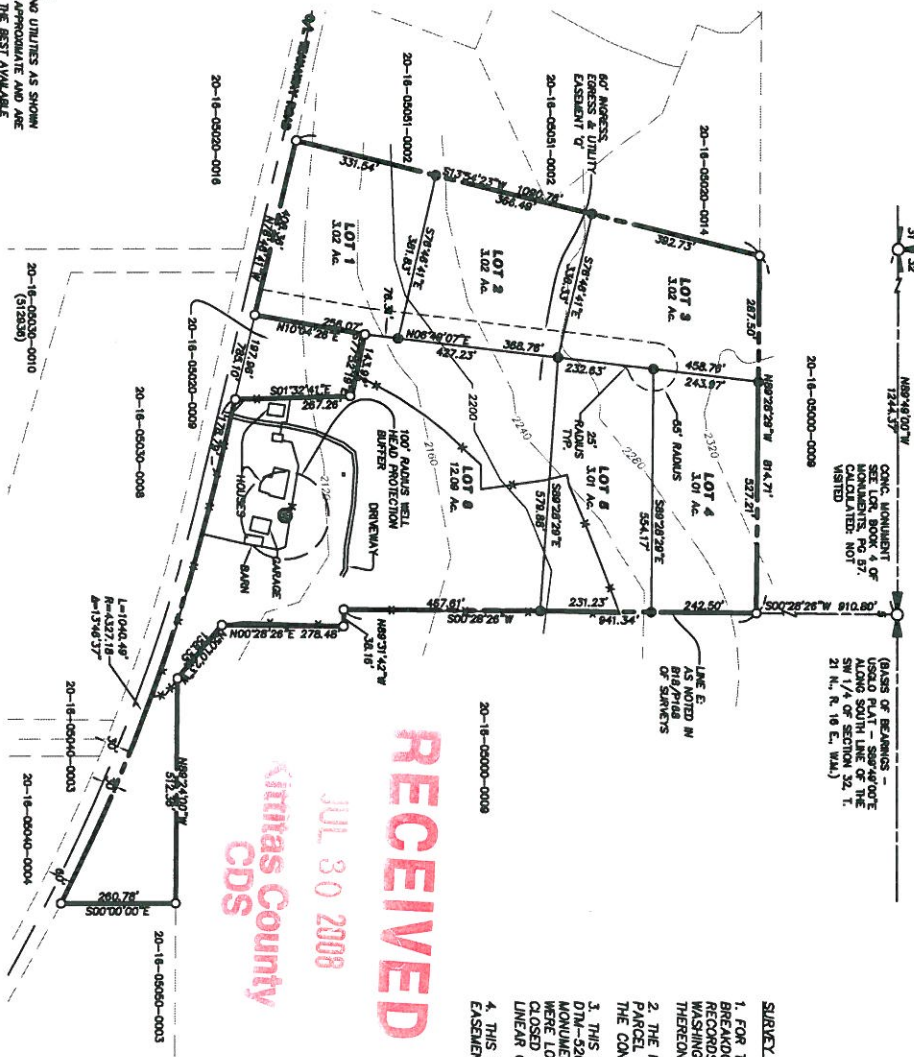
KITITAS COUNTY BOARD OF COMMISSIONERS
EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D. 200__

BOARD OF COUNTY COMMISSIONERS
KITITAS COUNTY, WASHINGTON

BY: _____
CHIEF CLERK
ATTEST: _____
CLERK OF THE BOARD
NOTICE: THE APPROVAL OF THIS PLAT IS NOT A GUARANTEE THAT FUTURE PERMITS WILL BE GRANTED.

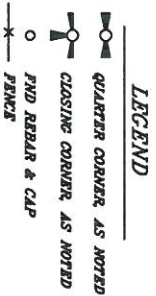
DARROW PLAT
PTN OF THE N 1/2, SEC. 06, T.20N., R.18E., W.M.
KITITAS COUNTY, WASHINGTON

LP-08-XX

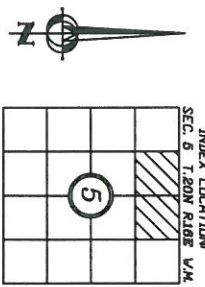


NOTE:
THE EXISTING UTILITIES AS SHOWN ARE ONLY APPROXIMATE AND ARE BASED ON THE BEST AVAILABLE INFORMATION. IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO VERIFY THE SIZE, TYPE, LOCATION, AND DEPTH OF ALL EXISTING UTILITIES PRIOR TO STARTING CONSTRUCTION, AND INFORM THE DESIGN ENGINEER OF ANY DISCREPANCIES.

Call Before You Dig
1-800-553-4344



- SURVEY NOTES:**
1. FOR THE BASIS OF BEARINGS AND SECTION BREAKDOWN SEE BOOK 18 OF SURVEYS AT PAGE 168, RECORDS OF KITITAS COUNTY, STATE OF WASHINGTON, AND THE SURVEYS REFERENCED THEREON.
 2. THE PURPOSE OF THIS DOCUMENT IS TO PLAT TAX PARCEL NUMBERS: #287838, 287838, 277438 INTO THE CONFIGURATION SHOWN HEREON.
 3. THIS SURVEY WAS PERFORMED USING A NIKON DTM-520, TOTAL STATION. THE CONTROLLING MONUMENTS AND PROPERTY CORNERS SHOWN WERE LOCATED, STAKED AND CHECKED FROM A CLOSED FIELD TRAVERSE IN EXCESS OF 1:10,000 LINEAR CLOSURE AFTER AZIMUTH ADJUSTMENT.
 4. THIS SURVEY DOES NOT PURPORT TO SHOW ALL EASEMENTS OF RECORD OR OTHERWISE.



Encompass
ENGINEERING & SURVEYING
100 EAST 2ND STREET
GLEBEUR, VA 98922
PHONE: (360) 674-7433
FAX: (360) 674-7419

RECORDER'S CERTIFICATE
Filed for record this _____ day of _____, 20____, at _____ M in book _____ of _____ 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 of the state of _____ WA, WA, DARROW, & BETTLE, DARROW in _____, 20____
DAVID P. NELSON, DAYE
Certificate No. 18992

DARROW PLAT
PTN OF THE N 1/2 SEC. 06, T.20N., R.18E., W.M.
Kititas County, Washington

CHKD BY: D. NELSON	SCALE: 1"=200'	SHEET: 1 of 2
DNM BY: MRN	DATE: 07/2008	JOB NO: 07269

