

KITTTAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

SP 07-39

SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITTTAS 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 300 feet of the site's tax parcel. If adjoining parcels are owned by the applicant, the 300 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;
 \$376.88 plus \$75/hr. over 4 hrs. for Environmental Health Department;
 \$450 for Community Development Services Department
 (One check made payable to KCCDS)

FOR STAFF USE ONLY

I CERTIFY THAT I RECEIVED THIS APPLICATION AND IT IS COMPLETE.

SIGNATURE:

DATE

RECEIPT #

X

NOTES:

RECEIVED

DATE STAMP
HERE

KITTTAS COUNTY
CDS

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: Jim Ridgeway
Mailing Address: 4690 Naneum Road
City/State/ZIP: Ellensburg WA 98926
Day Time Phone: _____
Email Address: _____

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

Agent Name: Chris Cruse
Mailing Address: PO Box 959
City/State/ZIP: Ellensburg WA 98926
Day Time Phone: 962-8242
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: 4690 Naneum Road
City/State/ZIP: Ellensburg WA 98926

5. Legal description of property: Portion of Section 21, Township 18 North, Range 19 East, W.M. See App map for full description

6. Tax parcel number(s): 18-19-21020-0001 and 18-19-21010-0008

7. Property size: 40.29 (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):

4 lot Short Plat with Individual Wells and Septic Tanks all as per attached map

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

Yes No (Circle) If yes, explain: _____

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

Naneum 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.

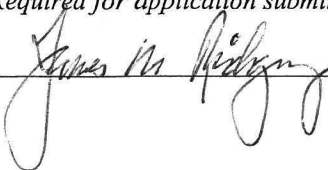
Signature of Authorized Agent:

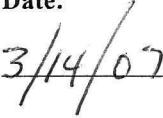
Date:

X _____

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

Date:

X  _____

 _____