

**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

**SHORT PLAT APPLICATION**

*(To divide lot into 2-4 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**

- 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 *Kyngine Ward*

*4/3/07*

*050323*

**RECEIVED**

APR 03 2007

**KITTITAS COUNTY  
DATA STAMP  
HERE  
CDS**

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: Denk Lester  
Mailing Address: 650 Circle Ross Rd.  
City/State/ZIP: Ellensburg, Wa. 98926  
Day Time Phone: 509 201 0130  
Email Address: \_\_\_\_\_

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

Agent Name: Douglas Gray (GSE)  
Mailing Address: P.O. Box 510  
City/State/ZIP: Yakima, Wa. 98907  
Day Time Phone: 509 575 6434  
Email Address: dgray@ggrayse.g5

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: 650 Circle Ross Rd.  
City/State/ZIP: Ellensburg, Wa. 98926

5. Legal description of property: See attached short plat or title Report.

6. Tax parcel number(s): 18-19-12000-0004 (364334)

7. Property size: 21.5 (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):

Property to be subdivided into two lots 11.96 Ac. and 9.61 Ac. with an existing house on the smaller. Existing well and a proposed new well. Sewage will be individual septic.

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?

Shnebly 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 \_\_\_\_\_

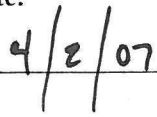
\_\_\_\_\_

**Signature of Land Owner of Record:**

*(Required for application submittal)*

**Date:**

X  \_\_\_\_\_

 \_\_\_\_\_