

KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

*Dossier* **SHORT PLAT APPLICATION**

*(To divide lot into 2-4 lots)*

KITTTITAS 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)

*\$1056.88*

**FOR STAFF USE ONLY**

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

SIGNATURE:

DATE:

RECEIPT #

X *[Handwritten Signature]*

*7/4/07*

*050401*

NOTES:

**RECEIVED**

DATE STAMP  
*APR 01 2007*

**KITTTITAS COUNTY  
CDS**

DARRYL PIERCY, DIRECTOR

ALLISON KIMBALL, ASSISTANT DIRECTOR

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

*\$2113.76*

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

Name: Thelma Dosier

Mailing Address: PO Box 1000

City/State/ZIP: Cle Elum, WA 98922

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: Iron Mt. Rd.

City/State/ZIP: Cle Elum, WA 98926

5. Legal description of property: Portion of Parcel B in 1 of Surveys of Pages 79-80

6. Tax parcel number(s): 19-15-01000-0033

7. Property size: 12 (acres)

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

4 lot Short Plat with individual Wells and Septic To per application map

11. Application is hereby made for permit(s) to authorize the activities described herein. I certify that I the information contained in this application, and that to the best of my knowledge and belief such true, complete, and accurate. I further certify that I possess the authority to undertake the proposed hereby grant to the agencies to which this application is made, the right to enter the above-described inspect the proposed and or completed work.

Signature of Authorized Agent:

X

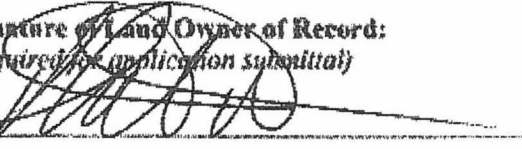


Date:

3/25/07

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

X



Date:

3/25/07