

KIT TITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KIT TITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

SP-07-137

SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KIT TITAS 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. *Manisha said no additional @ 500 feet* 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

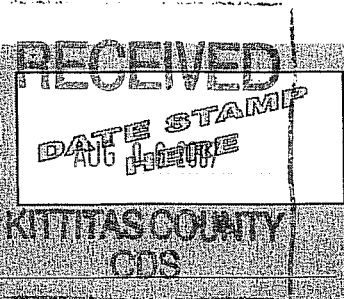
RECEIPT #

x T. Swinberg

8/6/07

052812

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: Jose Roberto
Mailing Address: 801 Carroll Rd
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: (509) 968-9056
Email Address: _____

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

Agent Name: Chuck Cruse / Cruse & Assoc.
Mailing Address: P. O. Box 959
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: (509) 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: Carroll Rd
City/State/ZIP: Ellensburg, WA 98926

5. Legal description of property: Parcel 4, Bk 32 of Survey, pages 77-79
and Parcel 30 of Book 33 of Survey, pages 187-188

6. Tax parcel number(s): 17-20-18000-0011 & 17-20-18000-0016

7. Property size: 40.00 Ac (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 that plat w/ individual wells & septic

9. Are Forest Service roads/easements involved with accessing your development?
Yes (Circle) If yes, explain: _____

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

X Charles A. Cruise

Date:

10-18-07

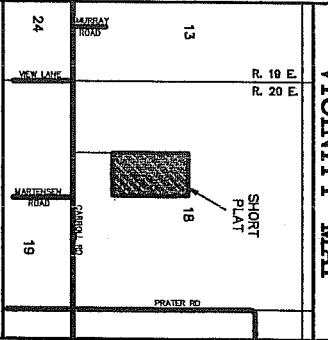
Signature of Land Owner of Record:
(Required for application submittal)

X John H. Roberts

Date:

8/6/07

VICINITY MAP



APPROVALS

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

KITTITAS COUNTY ENGINEER

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
NECESSARILY ALL BUILDING SITES WITHIN THIS SHORT
PLAT. PROSPECTIVE PURCHASERS OF LOTS ARE URGED
TO MAKE INQUIRIES AT THE COUNTY HEALTH
DEPARTMENT ABOUT ISSUANCE OF SEPTIC TANK
PERMITS FOR LOTS.

DATED THIS _____ DAY OF _____ A.D. 200__

KITTITAS COUNTY HEALTH OFFICER

CERTIFICATE OF COUNTY PLANNING DIRECTOR
I HEREBY CERTIFY THAT THE CARROLL SHORT PLAT
HEREIN RECORDED HAS BEEN REVIEWED BY THE PLANNING
COMMISSION TO THE BEST OF MY KNOWLEDGE AND BELIEF
AND IS IN ACCORDANCE WITH THE KITTITAS COUNTY PLANNING COMMISSION.

DATED THIS _____ DAY OF _____ A.D. 200__

KITTITAS COUNTY PLANNING DIRECTOR

CERTIFICATE OF KITTITAS 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 TO BE FILED
PARCEL NO. 17-20-18000-0011 & 17-20-18000-0016
DATED THIS _____ DAY OF _____ A.D. 200__

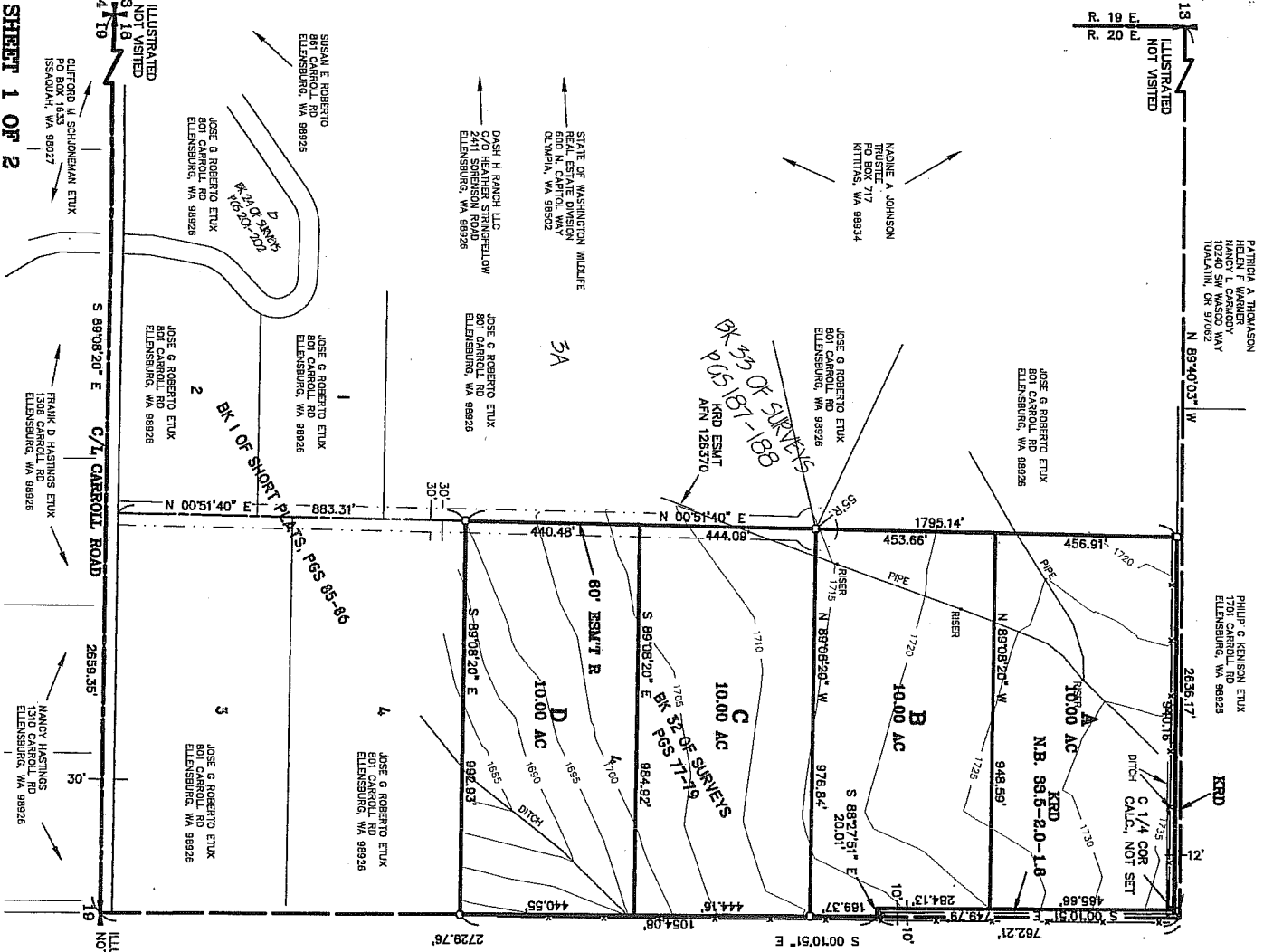
KITTITAS COUNTY TREASURER

NAME AND ADDRESS - ORIGINAL TRACT OWNERS

NAME: JOSE ROBERTO
ADDRESS: 801 CARROLL ROAD
ELENDSBURG, WA 98926
PHONE: (509) 989-0099

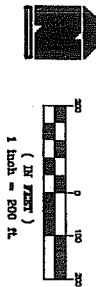
EXISTING ZONE: AG-20
SOURCE OF WATER: INDIVIDUAL WELLS
SEWER SYSTEM: SEPTIC TANKS
STORM WATER: NO IMPROVEMENTS PER THIS APP.
WIDTH AND TYPE OF ACCESS OR PRIVATE ACCESS ESALT
NO. OF SHORT PLATED LOTS: FOUR (4)
SCALE: 1" = 200'

SUBMITTED ON: _____
AUTOMATIC APPROVAL DATE: _____
RETURNED FOR CAUSE ON: _____



RECEIVING NO. _____

SP-07-



CARROLL SHORT PLAT
PART OF SECTION 18,
T. 17 N., R. 20 E., W.M.
KITTITAS COUNTY, WA

AUDITOR'S CERTIFICATE
Filed for record this _____ day of _____
2007, at _____, Wa., in Book 1 of Short Plats
at page(s) _____ at the request of Cruse & Associates.

FRANK V. BETTIG JR.
KITTITAS 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 in the
request of JOSE ROBERTO in the City of Pocatello.

CRUSE & ASSOCIATES
PROFESSIONAL LAND SURVEYORS
217 E. Fourth St.
Eldensburg, WA 98926
(509) 982-8242
P.O. Box 959
Eldensburg, WA 98926
(509) 982-8242

PRELIMINARY
CHARLES A. CRUSE, JR.
Professional Land Surveyor
License No. 18072
8-3-07

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