

# 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 500 feet of the site's tax parcel. If adjoining parcels are owned by the applicant, the 500 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;  
 \$380 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

APPLICATION RECEIVED BY:

SIGNATURE:

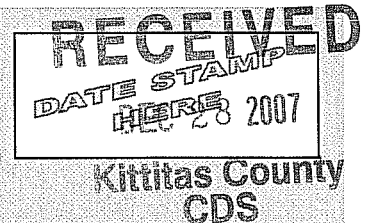
x

DATE:

12/28/07

RECEIPT #

054892



NOTES:

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

Name: Anne Watanabe  
Mailing Address: 5791 Red Bridge Road  
City/State/ZIP: Cle Elum, WA 98922  
Day Time Phone: 509-649-2211 x218  
Email Address: annew@inlandnet.com

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

Agent Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
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: 5791 Red Bridge Road  
City/State/ZIP: Cle Elum, WA 98922

5. **Legal description of property:**

Portion of the South 1/2 of the Northwest 1/4 of Section 25, Township 20 North, Range 16 East, W.M.

6. **Tax parcel number(s):** 20-16-25000-0017 (184935)

7. **Property size:** 6.32 (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):

2 Lot Short Plat, Zone R-3, water: individual wells, sewer: septic/drainfields

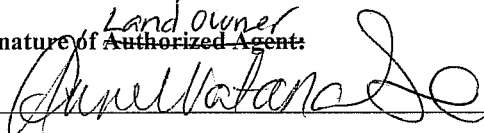
9. Are Forest Service roads/easements involved with accessing your development?  Yes (explain)  No

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

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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.

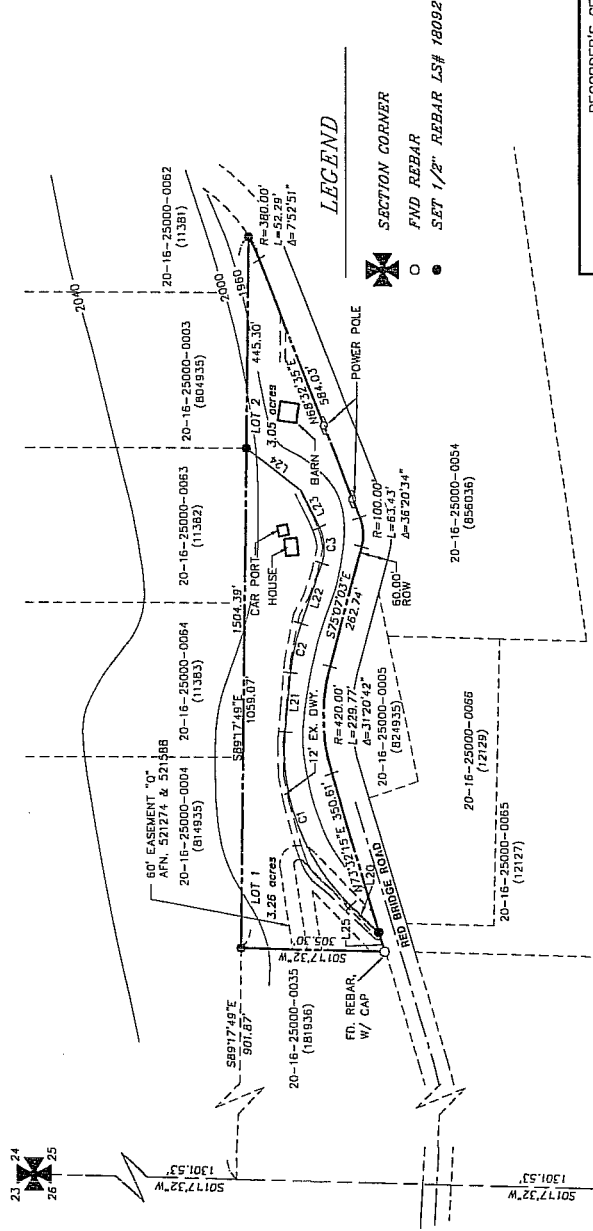
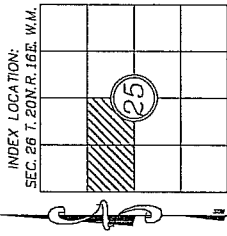
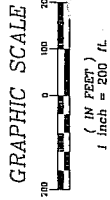
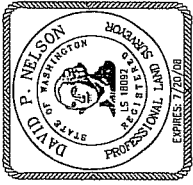
*Land owner*  
Signature of Authorized Agent:  
X 

Date:  
12-28-07

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

Date:  
12/28/07

**THE DUKE SHORT PLAT**  
 KITTITAS COUNTY SHORT PLAT NO. XX-XX  
 PORTION OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF  
 SECTION 25 T.20N., R.16E., W.M.  
 KITTITAS COUNTY, WASHINGTON



**LEGEND**

- ✕ SECTION CORNER
- FWD REBAR
- SET 1/2" REBAR LS# 18092

RECORDER'S CERTIFICATE

Filed for record this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ M.  
 in book \_\_\_\_\_ at page \_\_\_\_\_ 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 request of ANNE WATAMARE in DEC. 2007.

DAVID P. NELSON DATE  
 Certificate No. 18092

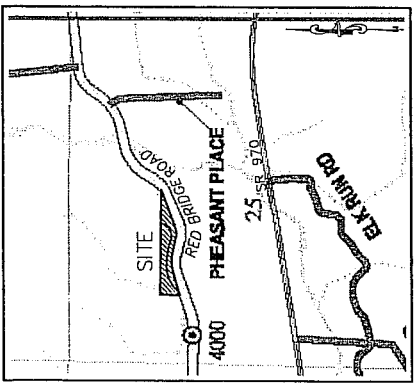
**K.C.S.P. NO. XX-XX**  
 Portion of the S. 1/2 of the NW 1/4 of Section 25,  
 Township 20North, Range 16 East, W.M.  
 Kittitas County, Washington

DWN BY S. TAYLOR DATE 12/07 JOB NO. 07273  
 CHKD BY D. NELSON SCALE 1"=200' SHEET 1 OF 2

108 EAST 2ND STREET  
 CLE ELLUM, WA 99022  
 PHONE: (509) 874-7433  
 FAX: (509) 874-7419

CURVE	LENGTH	RADIUS	DELTA
C1	407.14	450.00	51°50'21"
C2	106.83	450.00	13°38'08"
C3	76.56	100.00	45°00'43"

LINE	BEARING	DISTANCE
L20	N43°28'12"E	81.09
L21	N84°41'28"W	126.04
L22	N71°05'20"W	135.40
L23	S63°53'55"W	85.43
L24	N37°13'29"E	148.54
L25	N73°32'15"E	42.84



VICINITY MAP  
 N.T.S.

**APPROVALS**

KITTITAS COUNTY PUBLIC WORKS

EXAMINED AND APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_

Kittitas County Engineer

COUNTY PLANNING DIRECTOR

I hereby certify that the "THE DUKE" Short Plat has been examined by me and that it is in conformance with the provisions of the plat of the Kittitas County Planning Commission.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_

Kittitas County Planning Director

KITTITAS COUNTY HEALTH DEPARTMENT

Preliminary inspections indicated soil conditions are suitable for 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., 20\_\_\_\_

Kittitas County Health Officer

CERTIFICATE OF COUNTY TREASURER

I hereby certify that the taxes and assessments on the above described property for the year in which the plat is now to be filed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_

Kittitas County Treasurer



## **THE DUKE SHORT PLAT**

### **OVERVIEW:**

The attached is an application for a 2 lot Short Plat of an existing 6.32 acre parcel. The subject property is located within the Rural-3 zone of Kittitas County.

### **UTILITIES:**

The project's proposed sewer shall be individual septic tank and drain field and proposed water supply will be individual wells.

### **TRANSPORTATION:**

TOGETHER WITH a non-exclusive ingress, egress and utilities easement which is 60 feet in width 30 feet on each side of centerline delineated as Easement "Q" on that certain survey recorded June 22, 1989, in Book 16 of Surveys, page 35, under Kittitas County Auditor's File No. 521274, which is also identified as easement "A" by instrument recorded July 6, 1989, in Volume 292, page 8, Kittitas County Auditor's File No. 521588

### **COMMENTS:**

Attached are copies of the proposed Short Plat and title report for your review and comment.

**PLEASE PROVIDE ENCOMPASS ENGINEERING AND SURVEYING WITH COPIES OF ALL CORRESPONDENCE REGARDING THIS SHORT PLAT APPLICATION.**

Phone: (509) 674-7433 Fax: (509) 674-7419

DATE	12-27-2007	JOB NO.	07273
ATTENTION			
RE: The Duke Short Plat (preliminary)			

TO Kittitas Cnty CDS  
Ellensburg WA

WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_ the following items:

- Shop drawings     Prints     Plans     Samples     Specifications  
 Copy of letter     Change order     \_\_\_\_\_

1 Public Disclosure Form

COPIES	DATE	NO.	DESCRIPTION
5			copies w/contours
1			sub-division guarantee
1			closures
1			500' radius map & list of owners
1			8 1/2 x 11 map
3			overview letter
1			application
1			fees

THESE ARE TRANSMITTED as checked below:

- For approval     Approved as submitted     Resubmit \_\_\_\_\_ copies for approval  
 For your use     Approved as noted     Submit \_\_\_\_\_ copies for distribution  
 As requested     Returned for corrections     Return \_\_\_\_\_ corrected prints  
 For review and comment     \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_     PRINTS RETURNED AFTER LOAN TO US

REMARKS \_\_\_\_\_  
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COPY TO \_\_\_\_\_

SIGNED: Sara Taylor  
SARA TAYLOR