



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

SP-08-00045

SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO KCC 15A.03.030, A COMPLETE APPLICATION IS DETERMINED WITHIN 28 DAYS OF RECEIPT OF THE APPLICATION SUBMITTAL PACKET AND FEE. THE FOLLOWING ITEMS MUST BE ATTACHED TO THE 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 subject parcel(s). If adjoining parcels are owned by the applicant, then the 500 foot area shall extend from the farthest parcel. If the parcel is within a subdivision with a Homeowners' or Road Association, then please include the mailing address of the association.

OPTIONAL ATTACHMENTS

(Optional at submittal, required at the time of final submittal)

- Certificate of Title (Title Report)
- Computer lot closures

\$1220⁰⁰

APPLICATION FEES:

\$190 plus \$10 per lot for Public Works Department;
\$380 plus \$75/hr. over 4 hrs. for Environmental Health Department;
\$630 for Community Development Services Department
(One check made payable to KCCDS)

FOR STAFF USE ONLY

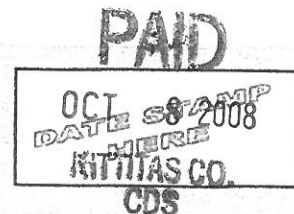
APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

DATE:

10/8/08

RECEIPT #

3291



NOTES:

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

Landowner(s) signature(s) required on application form.

Name: Roger Gill
Mailing Address: 3980 Badger Pocket Rd
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):**

If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

Agent Name: Chris Cruse
Mailing Address: P.O. Box 959
City, State ZIP: Ellensburg, WA 98926
Day Time Phone: 962-8242
Email Address: _____

3. **Street address of property:**

Address: 3980 Badger Pocket Rd
City, State ZIP: Ellensburg, WA 98926

4. **Legal description of property:**

Lot F in Book 31 of Surveys at pages 52-53

5. **Tax parcel number(s):** 17-19-25000-0042

6. **Property size:** 12.01 (acres)

7. **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 with individual wells and septic systems all as per application map.

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

Yes No (Circle) If yes, explain:

9. What County maintained road(s) will the development be accessing from?
Badger Pocket Rd and Little Badger Ln off of Sorensen Rd

10. 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.

All correspondence and notices will be mailed to the Land Owner of Record and copies sent to the authorized agent.

Signature of Authorized Agent:
(REQUIRED if indicated on application)

X Chris Cruise

Date:

9/22/2008

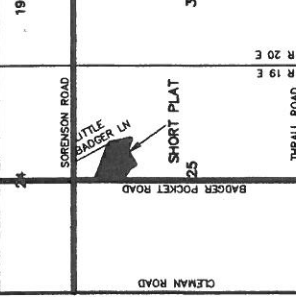
Signature of Land Owner of Record:
(REQUIRED for application submittal)

X Roger Hill

Date:

9/25/2008

VICINITY MAP



19
24
30
35

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 ON SITE SEWAGE SYSTEMS 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 ON SITE SEWAGE DISPOSAL PERMITS FOR LOTS.

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

KITTITAS COUNTY HEALTH OFFICER
 CERTIFICATE OF COUNTY PLANNING DIRECTOR
 I HEREBY CERTIFY THAT THE DUNBAR/GILL SHORT PLAT HAS BEEN EXAMINED BY ME AND FIND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITTITAS COUNTY PLANNING COMMISSION.

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

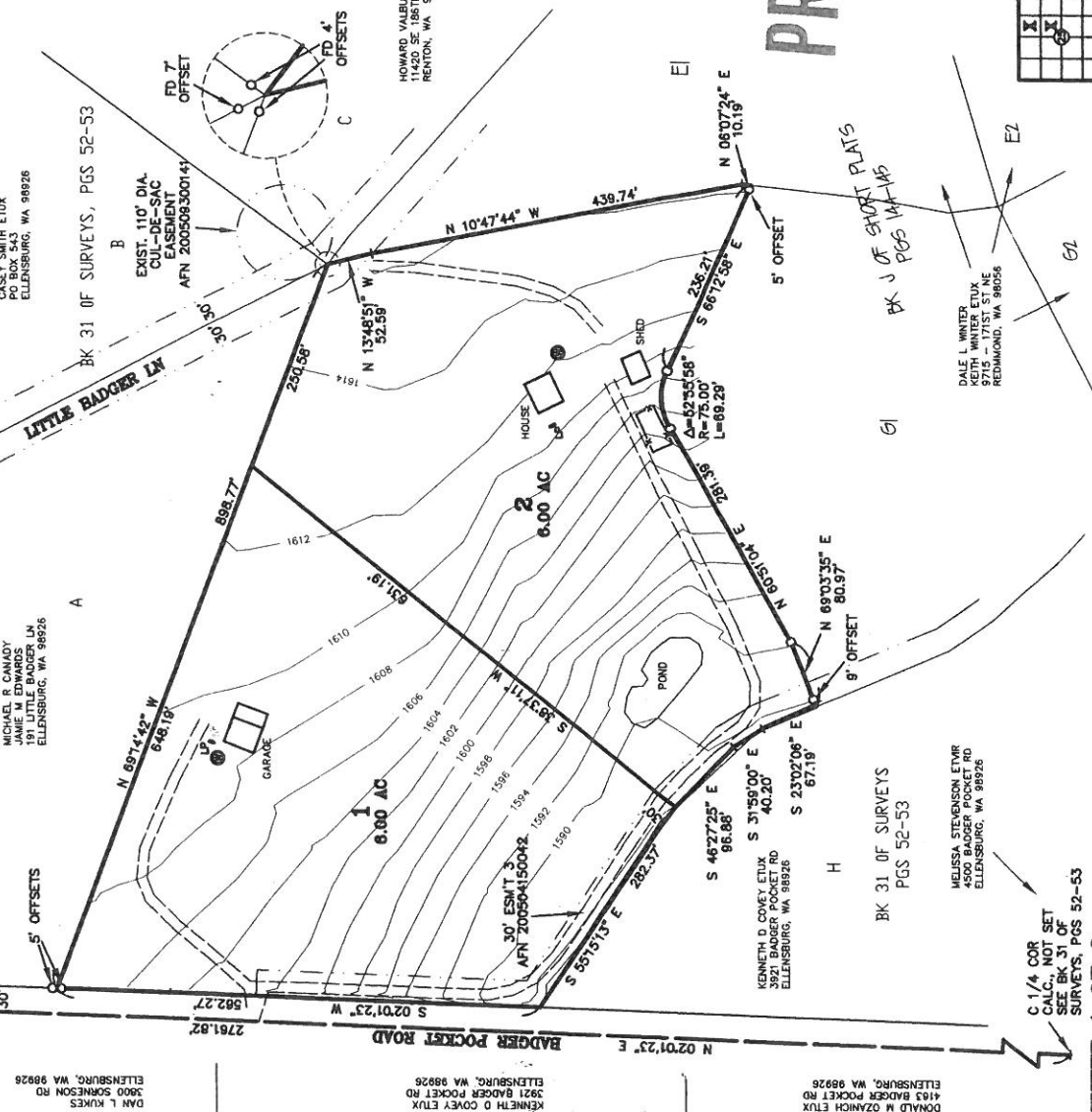
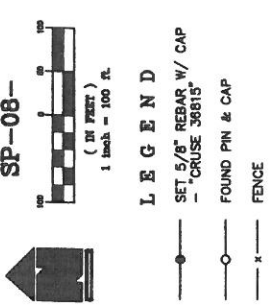
KITTITAS COUNTY PLANNING DIRECTOR
 CERTIFICATE OF KITTITAS COUNTY TREASURER
 I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE PLAT IS NOW TO BE FILED.
 PARCEL NO. 17-18-26000-0042

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

KITTITAS COUNTY TREASURER
 NAME AND ADDRESS - ORIGINAL TRACT OWNERS
 NAME: ROGER & CONNIE GILL
 ADDRESS: 3980 BADGER POCKET ROAD
 ELLENSBURG, WA 99228
 PHONE: (509) 968-8385
 EXISTING ZONE: COMMERCIAL AG
 SOURCE OF WATER: INDIVIDUAL WELLS
 SEWER SYSTEM: SEPTIC TANK
 NOTES AND TYPE OF ACCESS: COUNTY ROAD R/W
 NO. OF SHORT PLATTED LOTS: TWO (2)
 SCALE: 1" = 100'

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

**DUNBAR/GILL SHORT PLAT
 PART OF SECTION 25, T. 17 N., R. 19 E., W.M.
 KITTITAS COUNTY, WASHINGTON**

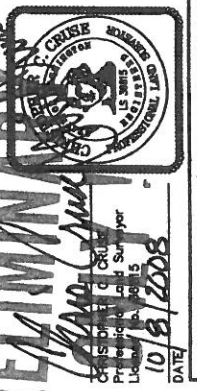


ORIGINAL PARCEL DESCRIPTION
 PARCEL F OF THAT CERTAIN SURVEY AS RECORDED APRIL 15, 2005, IN BOOK 31 OF SURVEYS, PAGES 52 AND 53, UNDER AUDITOR'S FILE NO. 200504150042, RECORDS OF KITTITAS COUNTY, WASHINGTON; BEING A PORTION OF THE NORTHEAST QUARTER OF SECTION 25, TOWNSHIP 17 NORTH, RANGE 19 EAST, T.17N., IN THE COUNTY OF KITTITAS, STATE OF WASHINGTON.



AUDITOR'S CERTIFICATE
 Filed for record this _____ day of _____, 2008, at _____, in Book J of Short Plats at page(s) _____ at the request of Cruse & Associates. RECEIVING NO. _____

GERALD V. PETTIT BY
 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 of this state of Washington, JULY 10, 2001.



CRUSE & ASSOCIATES
 PROFESSIONAL LAND SURVEYORS
 217 E. Fourth St.
 Ellensburg, WA 98926 (509) 962-8242
DUNBAR/GILL SHORT PLAT