

# 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

"Building Partnerships – Building Communities"

## SHORT PLAT APPLICATION

(To divide lot into 2-4 lots)

KITTTITAS 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

### APPLICATION FEES:

\$190 plus \$10 per lot for Public Works Department;  
 \$380 plus \$75/hr. over 4 hrs. for Environmental Health Department;  
 \$720 for Community Development Services Department  
 \$130 for Fire Marshal  
 (One check made payable to KCCDS)



**PAID**  
**FEB 09 2010**  
**KITTTITAS CO.**  
**CDS**

### FOR STAFF USE ONLY

APPLICATION RECEIVED BY:  
(CDS STAFF SIGNATURE)

X 

DATE:

02-09-10

RECEIPT #

6936

DATE STAMP  
HERE

NOTES:

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

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

Name: Mack C. Wilson et ux  
Mailing Address: 371 Canyon River Edge  
City/State/ZIP: Ellensburg, WA 98926  
Day Time Phone: (509) 925-6836  
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: Chuck Cruse/ Cruse & Assoc.  
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: 2631 Game Farm Rd.  
City/State/ZIP: Ellensburg, WA 98926

4. **Legal description of property:**

ptn. SW<sup>1</sup>/<sub>4</sub> SE<sup>1</sup>/<sub>4</sub>, Sec. 29, T. 18 N., R. 19 E., WM

5. **Tax parcel number(s):** (1064636) (1074636)  
18-19-29040-0016 & 18-19-29040-0017

6. **Property size:** 10.16 Ac. (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):

Two lot short plat w/ individual wells & septic systems; private access easement

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?

Game Farm Road

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)

Date:

X Charles A. Cruise, Jr.

2-9-10

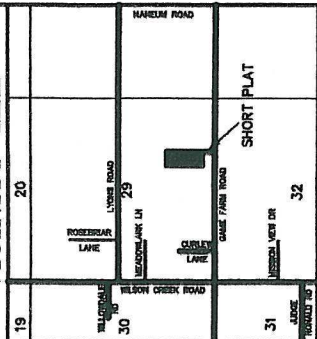
Signature of Land Owner of Record:  
(REQUIRED for application submittal)

Date:

X M. G. Wilson

02-09-10

**VICINITY MAP**



**APPROVALS**

KITTITAS COUNTY DEPARTMENT OF PUBLIC WORKS  
 EXAMINED AND APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D., 20\_\_\_\_

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. THE COUNTY ENGINEER IS NOT RESPONSIBLE TO MAKE INSURERS AT THE COUNTY HEALTH DEPARTMENT ABOUT ISSUANCE OF ON SITE SEWAGE DISPOSAL PERMITS FOR LOTS.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D., 20\_\_\_\_

KITTITAS COUNTY HEALTH OFFICER \_\_\_\_\_

CERTIFICATE OF COUNTY PLANNING DIRECTOR  
 I HEREBY CERTIFY THAT THE GLORIA SHORT PLAT HAS BEEN EXAMINED BY ME AND FOUND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITTITAS COUNTY PLANNING COMMISSION.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D., 20\_\_\_\_

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. 18-19-29040-0077 & 18-19-29040-0018

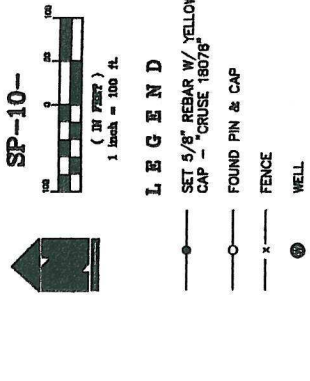
DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D., 20\_\_\_\_

KITTITAS COUNTY TREASURER \_\_\_\_\_

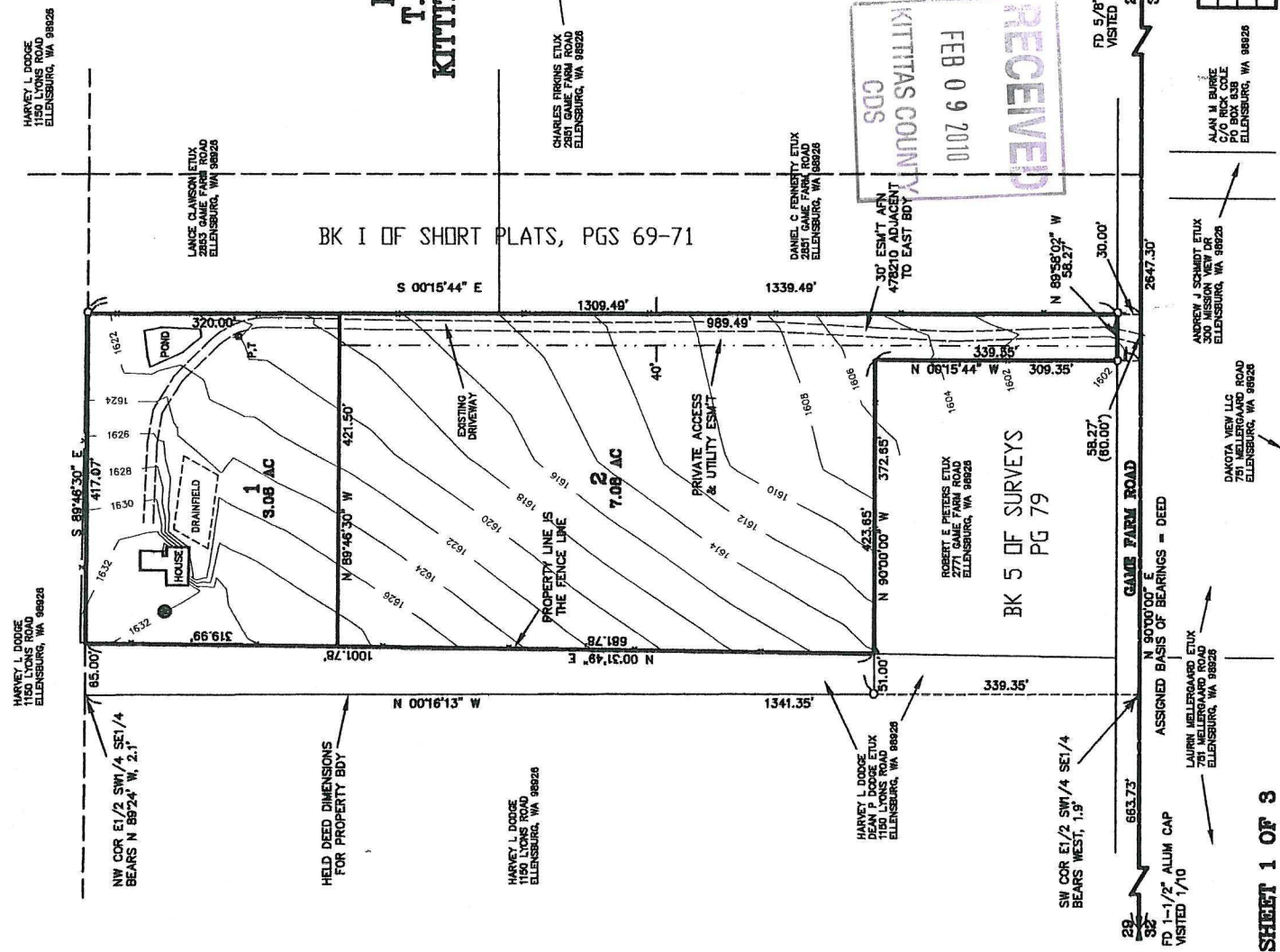
NAME AND ADDRESS - ORIGINAL TRACT OWNERS  
 NAME: MACK C WILSON ETUX  
 ADDRESS: 371 CANYON RIVER'S EDGE ELLENBURG, WA 98928  
 PHONE: (509) 929-8838

SOURCE OF WATER: INDIVIDUAL WELLS  
 SEWER SYSTEM: ON SITE SEWAGE SYSTEMS  
 WORTH AND TYPE OF ACCESS: 40' PRIVATE ACCESS ESM'T  
 NO. OF SHORT PLATTED LOTS: TWO (2)  
 SCALE: 1" = 100'

SUBMITTED ON \_\_\_\_\_  
 AUTOMATIC APPROVAL DATE: \_\_\_\_\_  
 RETURNED FOR CAUSE ON: \_\_\_\_\_



**GLORIA SHORT PLAT  
 PART OF SECTION 29,  
 T. 18 N., R. 19 E., W.M.  
 KITTITAS COUNTY, WASHINGTON**



**AUDITOR'S CERTIFICATE**

Filed for record this \_\_\_\_\_ day of \_\_\_\_\_, 2010, at \_\_\_\_\_ M., in Book K of Short Plats at page(s) \_\_\_\_\_ at the request of Cruse & Associates. RECEIVING NO. \_\_\_\_\_

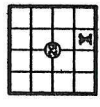
VERIFIED BY: JERALD V. PETTIT BY: KITTITAS COUNTY AUDITOR

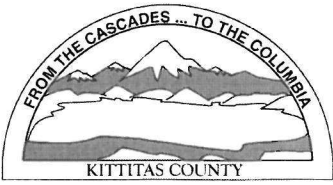
**SURVEYOR'S CERTIFICATE**

This map correctly represents a survey made by me or under my direction, in conformance with the requirements of the Survey Recording Act of the request of MACK WILSON in JANUARY of 2010.

**PRELIMINARY**  
 CHARLES A. CRUSE, JR.  
 Professional Land Surveyor  
 License No. 18078  
 2-9-10  
 DATE

**CRUSE & ASSOCIATES**  
 PROFESSIONAL LAND SURVEYORS  
 217 E. Fourth St.  
 Ellensburg, WA 98928  
 P.O. Box 959  
 Ellensburg, WA 98928  
 (509) 962-8242  
**GLORIA SHORT PLAT**





KITTITAS COUNTY PERMIT CENTER  
411 N. RUBY STREET, ELLENSBURG, WA 98926

**RECEIPT NO.:** 00006936

COMMUNITY DEVELOPMENT SERVICES  
(509) 962-7506

PUBLIC HEALTH DEPARTMENT  
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS  
(509) 962-7523

**Account name:** 021789

**Date:** 2/9/2010

**Applicant:** WILSON, MACK C ETUX

**Type:** check # 8080

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
SP-10-00001	CDS FEE FOR SHORT PLAT	720.00
SP-10-00001	EH SHORT PLAT FEE	380.00
SP-10-00001	PUBLIC WORKS SHORT PLAT FEE	210.00
SP-10-00001	FIRE MARSHAL SHORT PLAT FEE	130.00
	Total:	1,440.00