



KITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

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Office (509) 962-7506

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"Building Partnerships – Building Communities"

SP-15-00004

SHORT PLAT APPLICATION

(To divide a lot into no more than 4 lots, according to KCC 16.32)

Please type or print clearly in ink. Attach additional sheets as necessary. Pursuant to KCC 15A.03.040, 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.
- Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS

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

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



APPLICATION FEES:

\$720.00	Kittitas County Community Development Services (KCCDS)
\$220.00	Kittitas County Department of Public Works
\$130.00	Kittitas County Fire Marshal
\$570.00	Public Health Proportion (Additional fee of \$75/hour over 4 hours)
\$1,640.00	Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

DATE: 9/3/15

RECEIPT # 210941



DATE STAMP IN BOX

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

GENERAL APPLICATION INFORMATION

1. Name, mailing address and day phone of land owner(s) of record:
Landowner(s) signature(s) required on application form.

Name: HARLAN ODEGARD, DAN HOSKINS
Mailing Address: & JOHN DAVIS -14227 6TH AVE S
City/State/ZIP: BURIEN WA 98168 (ODEGARD)
Day Time Phone: 206-786-8069 (ODEGARD)
Email Address: _____

2. Name, mailing address and day phone of authorized agent, if different from landowner of record:
If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

Agent Name: _____
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

3. Name, mailing address and day phone of other contact person
If different than land owner or authorized agent.

Name: ENCOMPASS ENG. & SURV.
Mailing Address: 407 SWIFTWATER BLVD
City/State/ZIP: CLE ELUM WA 98922
Day Time Phone: (509) 674-7433
Email Address: GINGER@ENCOMPASSES.NET

4. Street address of property:

Address: UNKNOWN
City/State/ZIP: _____

5. Legal description of property (attach additional sheets as necessary):

LOT 4A OF SURVEY BOOK 30, PAGE 188, LOCATED IN THE NORTH HALF OF THE NORTHWEST QUARTER OF SECTION 29, TOWNSHIP 20 N.,
RANGE 14 E., W.M., KITTITAS COUNTY, STATE OF WASHINGTON

6. Tax parcel number(s): 11887 (20-14-29000-0009)

7. Property size: 21.00 (acres)

8. Land Use Information:

Zoning: RURAL REC. Comp Plan Land Use Designation: RURAL REC.

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9. **Narrative project description (include as attachment):** Please include at minimum 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. yes no
10. **Are Forest Service roads/easements involved with accessing your development?** If yes, explain.
11. **What County maintained road(s) will the development be accessing from?** FILBERT ROAD

AUTHORIZATION

12. 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 transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.

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

Date:

X _____

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

Date:

X John S. Don

6-10-15

X Dennis Joe Hoopins

6/24/15

X Theresa O'Leary

6/23/15

X [Signature]

6-23-15



FILBERT ESTATES SHORT PLAT PROJECT OVERVIEW

OVERVIEW:

The purpose of this application is to create four lots consisting of three 5.10 acre lots and one 5.70 acre lot from an existing 21.00 acre parcel. The subject property is located within the Rural Recreation 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 or shared well.

TRANSPORTATION:

Access to county roads via private access easements.

COMMENTS:

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

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



Western Washington Division
165 NE Juniper St., Ste 201, Issaquah, WA 98027
Phone: (425) 392-0250 Fax: (425) 391-3055

Eastern Washington Division
407 Swiftwater Blvd., Cle Elum, WA 98922
Phone: (509) 674-7433 Fax: (509) 674-7419