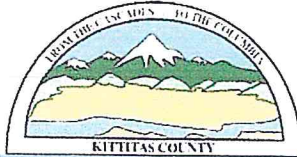


S. 16-00002



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

"Building Partnerships – Building Communities"

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:

\$2,320.00	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)
\$3,240.00	Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

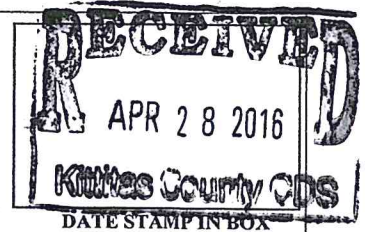
Jeff Watson

DATE:

5/2/2016

RECEIPT #

00079704



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

FORM LAST REVISED: 12-30-15

Page 1 of 2

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: P. Daniel McElliott

Mailing Address: P.O. Box 502

City/State/ZIP: Ellensburg, WA 98926

Day Time Phone: 509-925-7358

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: Roger Weaver & Chris Cruse

Mailing Address: P.O. Box 959

City/State/ZIP: Ellensburg, WA 98926

Day Time Phone: 509-962-8242

Email Address: cruseandacrook@kvalley.com

3. **Name, mailing address and day phone of other contact person**

If different than land owner or authorized agent.

Name: _____

Mailing Address: _____

City/State/ZIP: _____

Day Time Phone: _____

Email Address: _____

4. **Street address of property:**

Address: 3071 Brick Mill Rd

City/State/ZIP: Ellensburg, WA 98926

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

Parcel A, Bk. 18 of Survey, Pg. 238

6. **Tax parcel number(s):** 586036

7. **Property size:** 51.78 Ac (acres)

8. **Land Use Information:**

Zoning: AG-20

Comp Plan Land Use Designation: Rural Working

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. *2 lot Ag Short Plat w/ shared well & on site septic system - See map for full narrative*
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?** *Brick Mill Rd.*

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)

X *Chris Cruise*

Date:

4/22/2016

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

X *J. Howard McElliot*

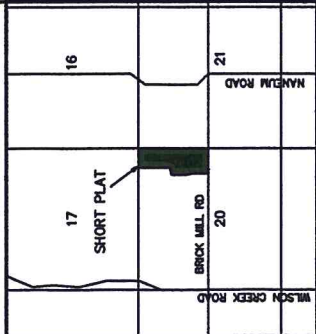
Date:

4/27/16

Julia J. McElliot

4/27/2016

VICINITY MAP



APPROVALS

KITITAS COUNTY DEPARTMENT OF PUBLIC WORKS
 EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D. 201__

KITITAS COUNTY ENGINEER _____

KITITAS COUNTY HEALTH DEPARTMENT
 I HEREBY CERTIFY THAT THE PLAT HAS BEEN EXAMINED AND CONFORMS WITH CURRENT KITITAS COUNTY CODE CHAPTER 13.

DATED THIS _____ DAY OF _____ A.D. 201__

KITITAS COUNTY HEALTH OFFICER _____

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

DATED THIS _____ DAY OF _____ A.D. 201__

KITITAS COUNTY PLANNING DIRECTOR _____

CERTIFICATE OF KITITAS 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.

DATED THIS _____ DAY OF _____ A.D. 201__

KITITAS COUNTY TREASURER _____

NAME AND ADDRESS - ORIGINAL TRACT OWNERS

P. DANIEL McELLIOTT ETUX
 P.O. BOX 502
 ELLENSBURG, WA 98826
 PHONE: (509) 925-7358

ENCLOSURE: 49-20
 SOURCE OF WATER: SHARED WELL
 SEWER SYSTEM: ON SITE SEWAGE SYSTEMS
 STORM WATER: NO IMPROVEMENTS PER THIS APP.
 WIDTH AND TYPE OF ACCESS: COUNTY ROAD R/W
 NO. OF SHORT PLATTED LOTS: TWO (2)
 SCALE: 1" = 300'

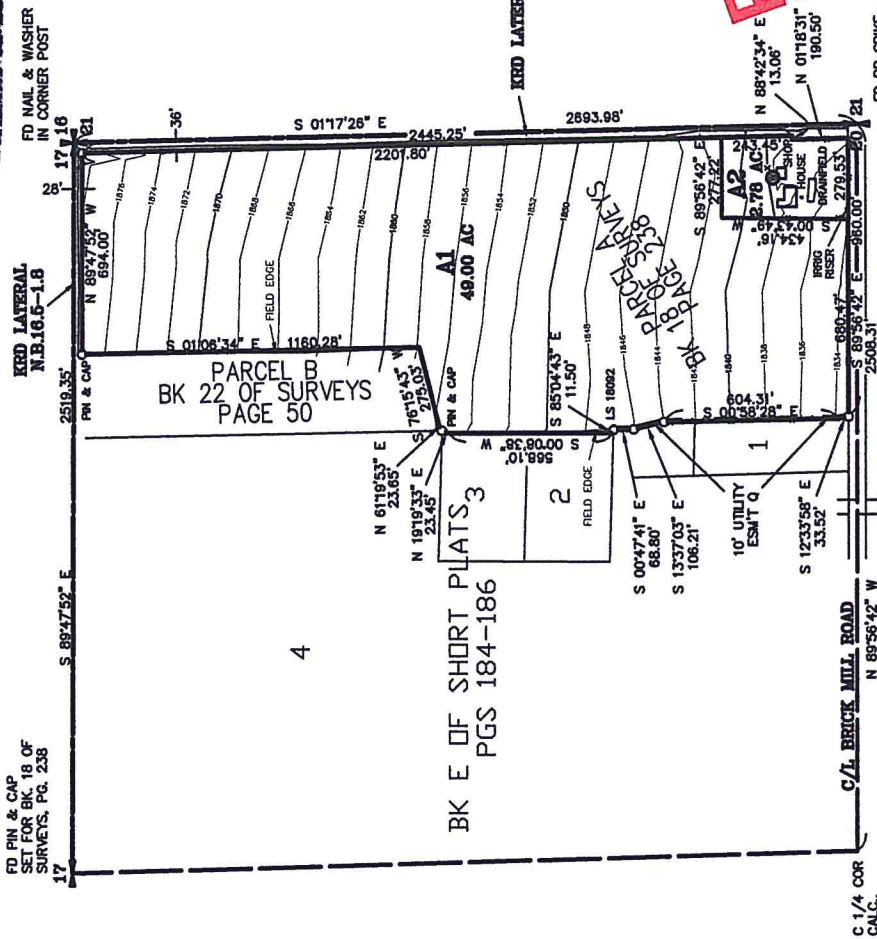
SUBMITTED ON: _____
 AUTOMATIC APPROVAL DATE: _____
 RETURNED FOR CHARGE ON: _____

**McELLIOTT AGRICULTURAL SHORT PLAT
 PART OF SECTION 20, T. 18 N., R. 19 E., W.M.
 KITITAS COUNTY, WASHINGTON**



LEGEND

- SET 5/8" REBAR W/ CAP
- "CRUISE 36815"
- FOUND PIN & CAP
- LS 18078 EXCEPT AS NOTED
- FENCE
- WELL



NARRATIVE

THE PURPOSE OF THIS APPLICATION IS TO SPLIT THE EXISTING HOME OFF THE AGRICULTURAL FIELDS. THE REMAINING 49.00 ACRE PARCEL IS TO ALLOW FOR A FUTURE RESIDENCE AND OTHER USES ALLOWED UNDER THE CURRENT ZONING CODE.

EXISTING PARCEL DESCRIPTION

LOT A OF THAT CERTAIN SURVEY RECORDED IN PUBLIC RECORDS OF WASHINGTON COUNTY, WASHINGTON, FILE NO. 553200, BEING A PORTION OF THE NORTHEAST QUARTER OF SECTION 20, TOWNSHIP 18 NORTH, RANGE 19 EAST, W.M., KITITAS COUNTY, STATE OF WASHINGTON.

AUDITOR'S CERTIFICATE

Filed for record this _____ day of _____, 2016, at _____ M., in Book L of Short Plats at page(s) _____ at the request of Cruise & Associates, RECEIVING NO. _____

ERLAD V. PETTIT BY _____
 KITITAS COUNTY AUDITOR

SURVEYOR'S CERTIFICATE

This map correctly represents a survey made by me on _____ under my direction in conformity with the requirements of the Survey Recording Act of the request of DANIEL McELLIOTT in MARCH of 2016.

PRELIMINARY

CHRISTOPHER C. CRUISE
 Professional Land Surveyor
 License No. 36815
 DATE: 4/28/2016

CRUISE & ASSOCIATES
 PROFESSIONAL LAND SURVEYORS
 217 E. Fourth St.
 Ellensburg, WA 98826 (509) 962-8242
 P.O. Box 959
 Ellensburg, WA 98826 (509) 962-8242