-11-00021



### KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

LICETTITAS COUNT

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US SEP 2 1 2011

Office (509) 962-7506 Fax (509) 962-7682

"Building Partnerships - Building Communities"

# **BOUNDARY LINE ADJUSTMENT**

(Adjustment of lot lines resulting in no new lots, as defined by KCC 16.08.055)

NOTE: If this Boundary Line Adjustment is between multiple property owners, seek legal advice for conveyance of property. This form does not legally convey property.

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

| Note: a separate application must be filed fo | each boundary line adjustment request. |
|---|--|
|---|--|

- Unified Site Plan of existing lot lines and proposed lot lines with distances of all existing structures, access points, well heads and septic drainfields.
- ☐ Signatures of all property owners.
- 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.
- ☐ For **preliminary approval**, please submit a sketch containing the following elements.
  - Identify the boundary of the segregation:
    - a. The boundary lines and dimensions
    - b. Sub-Parcel identification (i.e. Parcels A, B, C or Lots 1, 2, 3, etc.)
  - 2. Show all existing buildings, well heads and drain fields and indicate their distances from the original exterior property lines AND from the proposed property lines. If you have a copy of an original survey, please attach. A new survey will not be needed until preliminary approval has been granted.
  - 3. Provide legal descriptions for each proposed tax parcel and identify by letter or number use on the map. Example: Parcel
  - 4. A The North 75 feet of the West 400 feet of the Southwest quarter of the Southwest quarter of Section 02; Township 20 North; Range 16 East; W.M.; Except the West 30 feet thereof for roads.
- ☐ For final approval (not required for initial application): Legal descriptions of the proposed lots, or a recorded survey.

#### APPLICATION FEES:

| \$225.00 | Kittitas | County | Community | Develor | ment Services | (KCCDS) |
|----------|----------|--------|-----------|---------|---------------|---------|
|          |          |        |           |         |               |         |

Kittitas County Department of Public Works \$90.00

\$65.00 Kittitas County Fire Marshal

Kittitas County Public Health Department Environmental Health \$125.00

Total fees due for this application (One check made payable to KCCDS)

#### FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): RECEIPT # SFP 2 1 2011 DATE STAMP IN BOX



|      |  | OPTIONAL ATTACHMENTS  |  |  |
|------|--|---|--|--|
|      |  |   |  |  |
|      | parcels until after preliminary approval has been issued.) |   |  |  |
|      | Assessor COMPAS Information about the parcels.             |   |  |  |
|      |  | GENERAL APPLICATION INFORMATION   |  |  |
| 1.   | Name, mailing address a<br>Landowner(s) signature(s)       | nd day phone of land owner(s) of record: required on application form   |  |  |
| Lish | Name:  | Lisa Weis LLC   |  |  |
|      | Mailing Address:   | P.O. Box 246  |  |  |
|      | City/State/ZIP:  | Ronald Wa 98940   |  |  |
|      | Day Time Phone:  | 509-649-2211  |  |  |
|      | Email Address:   | NaThan @ In landnet, com  |  |  |
| 2.   | Name, mailing address a If an authorized agent is in       | nd day phone of authorized agent, if different from landowner of record: adicated, 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 a If different than land owner       | nd day phone of other contact person<br>er or authorized agent.   |  |  |
|      | Name:  | Stephen Lawler  |  |  |
|      | Mailing Address:   | 626 Bth Ave W   |  |  |
|      | City/State/ZIP:  | Kirkland, WA  |  |  |
|      | Day Time Phone:  | 45 863 0949   |  |  |

Street address of property: 4.

Day Time Phone:

Email Address:

Address:

SLAULERMS@HOTMAIL. COM

City/State/ZIP:

Wa 98940

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

16.36 Property size: (acres) 6.

Land Use Information: Zoning: R3 Comp Plan Land Use Designation: Rura 7.

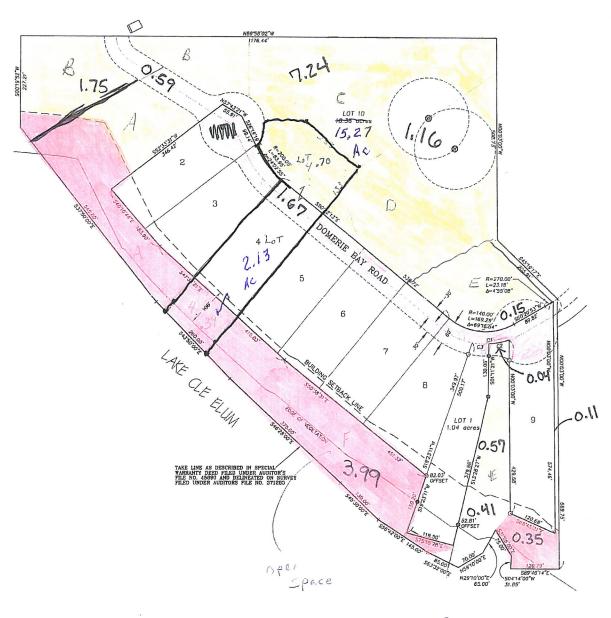


| 8.    | Existing and Proposed Lot Information   |   | KITTITAS COUN                                  |
|-------|---|---|--|
|       | Original Parcel Number(s) & Acreage (1 parcel number per line)  | Now Acreage (Survey Vol, Pg)  | CDS  |
|       | 15489 21-14-34059-0004 (LOHAC)  | 2.13 Ac   |  |
|       | 15489 21-14-34059-0004 (LOYAC)  | AC) 15.27Ac   |  |
|       |   |   |  |
|       | APPLICANT IS:OWNERPURCHA  | SERLESSEE   | OTHER  |
|       | AUTHO   | RIZATION  |  |
| 9.    | Application is hereby made for permit(s) to authorize with the information contained in this application information is true, complete, and accurate. I proposed activities. I hereby grant to the agency above-described location to inspect the proposed at | on, and that to the best of my knowl<br>further certify that I possess the authories to which this application is made, | edge and belief such<br>ority to undertake the |
|       | ICE: Kittitas County does not guarantee a build<br>l receiving approval for a Boundary Line Adjustm   |   | r or septic areas, foi                         |
|       | ll correspondence and notices will be transmitted to gent or contact person, as applicable.   | the Land Owner of Record and copies   | sent to the authorized                         |
| Signa | ture of Authorized Agent:   | Signature of Land Owner of Reco   | rd   |
| (REQ  | UIRED if indicated on application)  | (Required for application submittal   | ):   |
| X     | (date)  | Min Was   | (date)   |
| THIS  | FORM MUST BE SIGNED BY COMMUNITY DEVI<br>PRIOR TO SUBMITTAL TO  | ELOPMENT SERVICES AND THE TRI<br>O THE ASSESSOR'S OFFICE.   | EASURER'S OFFICE                               |
|       | TREASURER'S   | S OFFICE REVIEW   |  |
| Tax S | tatus: By:  | D   | ate:   |
|       |   | MENT SERVICES REVIEW  |  |
| (     | ) This BLA meets the requirements of Kittitas Cour  |   |  |
|       | Deed Recording Vol Page Date  |   |  |
|       | Card #:   | Parcel Creation Date:   |  |
|       | ast Split Date:   | Current Zoning District:  |  |
|       | reliminary Approval Date:   |   |  |
| F     | inal Approval Date:   | By:   |  |

1:5~

5+6=11 class 11th





.15 .04 .11 .57 .41 E .25



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

RECEIPT NO.:

00012278

COMMUNITY DEVELOPMENT SERVICES

(509) 962-7506

PUBLIC HEALTH DEPARTMENT (509) 962-7698

DEPARTMENT OF PUBLIC WORKS

(509) 962-7523

Account name:

024655

Date: 9/21/2011

Applicant:

WEIS, LISA M LLC

Type:

check # 1100

| Permit Number | Fee Description                | Amount |
|---------------|--------------------------------|--------|
| BL-11-00021   | BOUNDARY LINE ADJUSTMENT MAJOR | 225.00 |
| BL-11-00021   | BLA MAJOR FM FEE               | 65.00  |
| BL-11-00021   | PUBLIC WORKS BLA               | 90.00  |
| BL-11-00021   | ENVIRONMENTAL HEALTH BLA       | 125.00 |
|               | Total:                         | 505.00 |