

OPTIONAL ATTACHMENTS

- An original survey of the current lot lines. (Please do not submit a new survey of the proposed adjusted or new parcels until after preliminary approval has been issued.)
- Assessor COMPAS Information about the parcels.

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: Clay Szeliga

Mailing Address: 200 Swiftwater Blvd

City/State/ZIP: Cle Elum, WA 98922-1136

Day Time Phone: 206-793-3733

Email Address: clay@cnwcorp.com

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 Engineering & Surveying

Mailing Address: 110 South Oakes Avenue, Suite 250

City/State/ZIP: Cle Elum, WA 98922

Day Time Phone: 509-674-7433

Email Address: MKirkpatrick@Encompasses.net

4. Street address of property:

Address: Parcel 19256: 2699 Hidden Valley Rd & Parcel 19257: 2697 Hidden Valley Rd

City/State/ZIP: Cle Elum, WA 98922

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

Parcel 19256: Ptn Lot B, Bk 29 of Surveys, Pg 80 & Parcel 19257: Ptn Lot C, Bk 29 of Surveys, Pg 80

6. Property size: Parcel 19256: 9.78 Acres & Parcel 19257: 9.80 Acres (acres)

7. Land Use Information: Zoning: Ag-20 Comp Plan Land Use Designation: Rural Working

8. Existing and Proposed Lot Information

Original Parcel Number(s) & Acreage (1 parcel number per line)	New Acreage (Survey Vol. ____, Pg ____)
19256 (20-17-32000-0029) 9.78 AC.	10.01 AC.
19257 (20-17-32000-0030) 9.80 AC.	9.57 AC.
_____	_____
_____	_____
_____	_____

APPLICANT IS: OWNER PURCHASER LESSEE OTHER

AUTHORIZATION

9. 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.

NOTICE: Kittitas County does not guarantee a buildable site, legal access, available water or septic areas, for parcel receiving approval for a Boundary Line Adjustment.

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:

Signature of Land Owner of Record

(REQUIRED if indicated on application)

(Required for application submittal):

X _____ (date) _____

X _____ (date) 2/12/2025

THIS FORM MUST BE SIGNED BY COMMUNITY DEVELOPMENT SERVICES AND THE TREASURER'S OFFICE PRIOR TO SUBMITTAL TO THE ASSESSOR'S OFFICE.

TREASURER'S OFFICE REVIEW

Tax Status: _____ By: _____ Date: _____

COMMUNITY DEVELOPMENT SERVICES REVIEW

() This BLA meets the requirements of Kittitas County Code (Ch. 16.08.055).

Deed Recording Vol. _____ Page _____ Date _____ **Survey Required: Yes _____ No _____

Card #: _____

Parcel Creation Date: _____

Last Split Date: _____

Current Zoning District: _____

Preliminary Approval Date: _____

By: _____

Final Approval Date: _____

By: _____