SPF-24-00008

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES
411 N. Ruby St., Suite 2, Ellensburg, WA 98926
CDS@CO.KITTITAS.WA.US
Office (509) 962-7506

"Building Partnerships – Building Communities"

FINAL SHORT PLAT APPLICATION

Please type or print clearly in ink. Attach additional sheets as necessary. The following items must be attached to the application packet at intake or the application will not be accepted. Pursuant to RCW 58.17.140 "Final plats and short plats shall be approved, disapproved, or returned to the applicant within thirty days from the date of filing thereof, unless the applicant consents to an extension of such time period;" therefore Kittitas County must have all of the required attachments to accept the final plat/short plat for review to meet the required timeframes. For plats that require the Board of County Commissioners (BOCC) signature, all documents must be uploaded for consideration approximately one (1) week in advance of the BOCC Agenda Session Meeting. This leaves three (3) weeks from the date of applicant submittal for County Staff to review and sign the plat.

REQUIRED ATTACHMENTS

- ❑ One paper copy of Final Short Plat/Plat drawings meeting all final drawing requirements (reference KCC Title 16 Subdivision Code for plat drawing requirements) and RCW Title 58 along with WAC 332-130.
  - o May be submitted on polyester film, however please note these may need to be reprinted based on staff review (this is not required for initial review)
- ❑ Project Condition Compliance Document that responds in writing as to how each condition of preliminary approval has been met, including supporting documentation as necessary (Example Attached).
- ❑ If this is a plat associated with a Planned Unit Development, the Final Development Plan must be approved through Resolution by the BOCC prior to submittal for final plat/short plat review.
- ❑ Recent Title Report, within 90 days of final plat submittal.
- ❑ Lot Line Closures
- ❑ Proof of water sufficient to meet Kittitas County Department of Environmental Health requirements.
- ❑ Any other items specifically required by conditions of preliminary approval.

CSP

APPLICATION FEES:

$850.00	Kittitas County Community Development Services (KCCDS) Final Short Plat Fee
$280.00	Kittitas County Environmental Health Final Short Plat Fee
$1,215.00*	Kittitas County Public Works Final Short Plat Fee
$2,345.00	**Total fees due for final short plat processing**

*5 hours of review included in Public Works Fee. Additional review hours will be billed at $243 per hour.

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): Dail Weyand DATE: 9-6-24 RECEIPT # CD24-02293

RECEIVED SEP 06 2024 Kittitas County CDS

DATE STAMP IN BOX

Planner Intake Signature (required for submittal): _____ _____

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: Walter & Lynn Davenport

Mailing Address: PO Box 956

City/State/ZIP: Ellensburg WA 98926

Day Time Phone: (509) 929-3826

Email Address: davenwl@gmail.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: Chris Cruse

Mailing Address: PO Box 959

City/State/ZIP: Ellensburg WA 98926

Day Time Phone: (509) 962-8242

Email Address: chris@cruseandassoc.com

4. **Street address of property:**

Address: 700 Charlton Rd

City/State/ZIP: Ellensburg WA 98926

5. **Tax parcel number(s):** 556136

6. **Project File Name (at time of preliminary review):** Davenport Short Plat

7. **Project File Number (at time of preliminary review):** SP-24-00007

8. **Preliminary Approval Date:** 7/3/2024

9. **Final Development Plan Resolution Number (only if this applies):** N/A

10. **Development Agreement Ordinance Number (only if this applies):** N/A

AUTHORIZATION

11. 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_____

Date:

_____

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

X Walter P. Davenport

Date:

9-6-2024