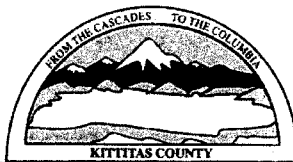


BL-18-00007



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

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 16.10.010)

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: The following are required per KCC 16.10.020 Application Requirements. A separate application must be filed for 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 to scale.
- 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.
- Provide existing and proposed legal descriptions of the affected lots. Example: Parcel A – The North 75 feet of the West 400 feet of the Southwest quarter 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.
- A certificate of title issued within the preceding one hundred twenty (120) days.

For final approval (not required for initial application submittal):

- Full year's taxes to be paid in full.
- Recorded Survey.

APPLICATION FEES:

\$730.00	Kittitas County Community Development Services (KCCDS)
\$275.00	Kittitas County Department of Public Works
\$145.00	Kittitas County Fire Marshal
\$280.00	Kittitas County Public Health Department Environmental Health
<hr/>	
\$1,430.00	Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): [Signature]

DATE: 5/4/18

RECEIPT # CD18-0017

RECEIVED
MAY 04 2018
Kittitas County CDS
DATE STAMP IN BOX

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

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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

TRACT A:

Name: NEW SUNCADIA, LLC, a Delaware limited liability company
Attention of: Cape Powers
Mailing Address: 770 Suncadia Trail
City/State/ZIP: Cle Elum WA 98922
Day Time Phone: 509-649-3906
Email Address: cpowers@suncadia.com

TRACT B:

Name: NEW SUNCADIA HOSPITALITY, LLC, a Delaware limited liability company
Attention of: Cape Powers
Mailing Address: 770 Suncadia Trail
City/State/ZIP: Cle Elum WA 98922
Day Time Phone: 509-649-3906
Email Address: cpowers@suncadia.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: ESM Consulting Engineers LLC, Contact: Cynthia A. Flood, P.L.S.
Mailing Address: 33400 8TH Avenue South, Suite 205
City/State/ZIP: Federal Way, WA 98003
Day Time Phone: 253-838-6113
Email Address: cindy.flood@esmcivil.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: No address assigned. Tract Z-1 is located southerly of the cul de sac at the end of Tired Creek Lane. Tract G-1 is located north of Tumble Creek Drive in Suncadia – Phase 3 Divisions 6 to 9 (Tumble Creek).

City/State/ZIP: Cle Elum, WA 98922

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

Tract Z-1, plat of "Suncadia - Phase 3 Divisions 6 to 9 (Tumble Creek)", Auditor's File No. 200506220001, being a portion of Sections 14 and 23, Township 20 North, Range 14 East, W.M., Kittitas County, State of Washington;

TOGETHER WITH Tract G-1, plat of "Suncadia - Phase 3 Divisions 6 to 9 (Tumble Creek)", Auditor's File No. 200506220001, being a portion of Sections 13, 14, 23 and 24, Township 20 North, Range 14 East, W.M., Kittitas County, State of Washington.

6. Property size: 94.66 Acres

7. Land Use Information: Zoning: Master Planned Resort Comp Plan Land Use Designation: Rural Recreation

The Phase 3 Division 14 site is within the MPR site and is consistent with the September 2000 Conceptual Master Plan approved by Kittitas County and the Master Planned Resort development agreement that has been adopted by Kittitas County ordinance, and the Phase 3 General Site Plan as approved March 16, 2004, as amended and modified by subsequent Site Development Plans, as well as the Phase 3, Divisions 6-9 Site Development Plan Application dated February 18, 2005 which was approved for plat on March 23, 2005, and included this development as a future development tract.

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**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: _____