

## 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

## LONG PLAT APPLICATION

(To divide lot into 5 or more lots)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CALL THE DEPARTMENT IF YOU WOULD LIKE TO SET UP A MEETING TO DISCUSS YOUR PROJECT. INCOMPLETE APPLICATIONS WILL <u>NOT</u> BE ACCEPTED.

ATTACH ADDITIONAL SHEETS AS NECESSARY. THE FOLLOWING ITEMS MUST BE PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACHED TO THIS APPLICATION PACKET:

REQUIRED ATTACHMENTS

Ten large copies of plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5" x 11" copy			
Address list of all landowners within 300 feet of the site's tax parcel. If adjoining parcels are owned by the applicant, the 300 feet extends from the farthest parcel. If the parcel is within a subdivision with a Homeowners or Road			
Association, please include the address of the association.  SEPA Checklist (Only required if your subdivision consists of 9 lots or more.  Please pick up a copy of the Checklist if required)			
OPTIONAL ATTACHMENTS  (Optional at preliminary submittal, but required at the time of final submittal)			
Certificate of Title (Title Report) Computer lot closures			
FEES: \$200 plus \$10 per let for Public Works Department:			
\$200 plus \$10 per lot for Public Works Department;			
\$625 plus \$75 per hour over 12.5 hours for Environmental Health Department;			
\$1500 for Community Development Services Department, PLUS \$225 if SEPA Checklist is required			

## FOR STAFF USE ONLY APPLICATION RECEIVED BY: RECEIPT # CDS NOTES:

\*One check made payable to KCCDS

•	Name, mailing address and day phone of land owner(s) of record:				
	Name:	Becky Andrus			
	Mailing Address:	PO Box 785			
	City/State/ZIP:	Cle Elum, WA 98922			
	Day Time Phone:	509-304-7015			
	Email Address:	corbecllc@msn.com			
2.	Name, mailing address and day phone of authorized agent (if different from land owner of record):				
	Agent Name:				
	Mailing Address:				
	City/State/ZIP:				
	Day Time Phone:				
	Email Address:				
<ol> <li>3.</li> <li>4.</li> </ol>	Owner of record	en contact regarding this application will be made only with the contact			
	Address:	140 Bigbuck Ridge Rd			
	City/State/ZIP:	Cle Elum, WA 98922			
5.	Legal description of property: Part of the Northeast quarter of the Northeast quarter and the Southeast quarter of the Northeast quarter of Section 26, Township 20 North, Rangel 5 East, W.M., Kittitas County Washington  Tax parcel number(s): 20-15-26010-0009, - 0010				
6.	Tax parcel number(	3): <u>20-13-26010-0009</u> , - 0010			
7.	Property size: 25 to	tal(acres)			
8.	Narrative project description: Please include 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 (be specific, attach additional sheets as necessary):				
	acres in area and will b	a cluster subdivision pursuant to Chapter 16.09 KCC. The subject property is 25 edivided into 14 one-acre single-family residential lots and 11 acres of open space.			
	Water supply is propos	red from a Group B water system and each lot will be served by on-site sewage			
	disposal. Access to the	e site is from Deer Creek Road (private road) via Montgomery Ave. Private road completed in conformance with Chapter 12.12 KCC. A summary of the public			
	-improvements will be of benefit ratings system	completed in conformance with Chapter 12.12 Rec. A summary of the paone has been included with this application. Please refer to the attached preliminary plat			
		nd other additional imformation.			

9.	Are Forest Service roads/easements involved with a If yes, explain:	ccessing your development? Yes 🗱 o (Circle)	
10.	What County maintained road(s) will the developm	ent be accessing from? Montgomery Ave.	
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.		
12.	Are there any other pending applications associated Yes Vo No	with the property associated with this application?	
Signatu	re of Authorized Agent:	Date:	
x(	Buly Sndrws	6/19/07	
	re of Land Owner of Record	-	
(Requir	ed for application submittal):	Date:	
x_(	Buly Andrus	_6/19/07	