

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

LONG PLAT APPLICATION

(To divide lot into 5 or more lots)

KITTTITAS 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 NOT BE ACCEPTED.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. THE FOLLOWING ITEMS MUST BE 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 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
 *One check made payable to KCCDS

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
SIGNATURE:

X Kar B...

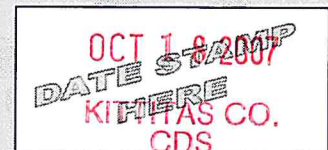
DATE:

10/18/07

RECEIPT #

054078

PAID



NOTES:

DARRYL PIERCY, DIRECTOR

ALLISON KIMBALL, ASSISTANT DIRECTOR

COMMUNITY PLANNING BUILDING INSPECTION PLAN REVIEW ADMINISTRATION PERMIT SERVICES CODE ENFORCEMENT FIRE INVESTIGATION

1. **Name, mailing address and day phone of land owner(s) of record:**

Name: ROBIN AND JAYNE SCHMAUS
Mailing Address: 1001 BIG CREEK ROAD
City/State/ZIP: CLE ELUM WA 98922
Day Time Phone: (509) 304-6065
Email Address: raschmaus@yahoo.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: _____

3. **Contact person for application (select one):**

Owner of record Authorized agent

All verbal and written contact regarding this application will be made only with the contact person.

4. **Street address of property:**

Address: 1001 BIG CREEK ROAD
City/State/ZIP: CLE ELUM WA 98922

5. **Legal description of property:**

PORTION OF THE SOUTHWEST QUARTER OF SECTION 21, TOWNSHIP 20 NORTH, RANGE 14 EAST, W.M.

6. **Tax parcel number(s):** 20-14-21033-0003 (820434)

7. **Property size:** 18.70 (ASSESSORS) 22.95 (SURVEY) (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):

7 LOT PLAT, WATER: INDIVIDUAL WELLS, SEWER: SEPTIC/DRAINFIELD, ZONE: AG-3

9. Are Forest Service roads/easements involved with accessing your development? Yes (explain) No

10. What County maintained road(s) will the development be accessing from?
Nelson Siding Road

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.

Signature of Authorized Agent:

Date:

X _____

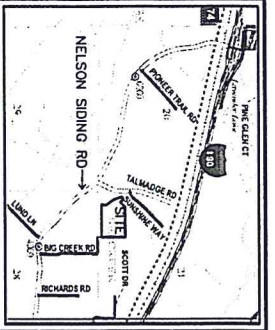
Signature of Land Owner of Record:
(Required for application submittal)

Date:

X Robin J. Churchill

7-25-07

SCHMAUS No. 4 PLAT
 PTN. SW/4 OF SECTION 21 T.20N, R.14E, W.M.
 KITITAS COUNTY, STATE OF WASHINGTON



APPROVALS

KITITAS COUNTY DEPARTMENT OF PUBLIC WORKS
 EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY ENGINEER

KITITAS COUNTY HEALTH DEPARTMENT
 I HEREBY CERTIFY THAT THE SCHMAUS NO. 4 PLAT HAS BEEN EXAMINED BY ME AND I FIND THAT THE SEWAGE AND WATER SYSTEM HEREIN SHOWN DOES MEET AND COMPLY WITH ALL REQUIREMENTS OF THE COUNTY HEALTH DEPARTMENT.

DATED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY HEALTH OFFICER

KITITAS COUNTY PLANNING DIRECTOR
 I HEREBY CERTIFY THAT THE SCHMAUS NO. 4 PLAT HAS BEEN EXAMINED BY ME AND I FIND THAT IT CONFORMS TO THE COMPREHENSIVE PLAN OF THE KITITAS COUNTY PLANNING COMMISSION.

DATED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY PLANNING DIRECTOR

KITITAS COUNTY TREASURER
 I HEREBY CERTIFY THAT THE TAXES AND ASSESSMENTS ARE PAID FOR THE PRECEDING YEARS AND FOR THIS YEAR IN WHICH THE PLAT IS NOW TO BE FILED.

DATED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY ASSESSOR

KITITAS COUNTY BOARD OF COMMISSIONERS
 I HEREBY CERTIFY THAT THE SCHMAUS NO. 4 PLAT HAS BEEN EXAMINED BY ME AND I FIND THE PROPERTY TO BE IN AN ACCEPTABLE CONDITION FOR PLANNING.

DATED THIS _____ DAY OF _____ A.D., 200__

KITITAS COUNTY ASSESSOR

KITITAS COUNTY BOARD OF COMMISSIONERS
 EXAMINED AND APPROVED THIS _____ DAY OF _____ A.D., 200__

BY _____

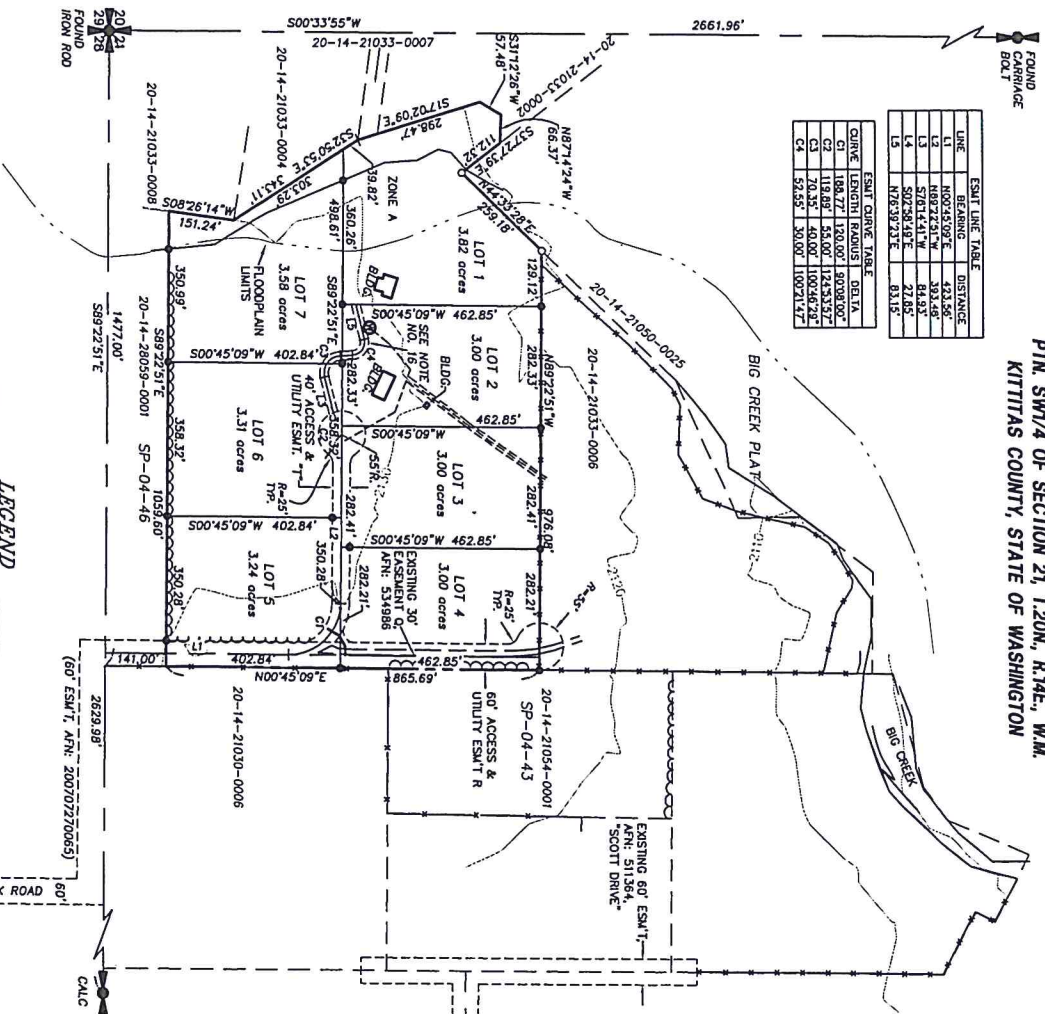
CHUBMAN

CLERK OF THE BOARD

NOTICE: THE APPROVAL OF THIS PLAT IS NOT A GUARANTEE THAT FUTURE PERMITS WILL BE GRANTED.

LINE	BEARING	DISTANCE
L1	N00°45'09"E	433.36'
L2	S89°22'51"W	380.43'
L3	S02°29'45"E	27.85'
L4	N63°39'23"E	83.15'

CURVE	LENGTH	RADIUS	DELTA
C1	119.48'	45.00'	124.5352°
C2	70.35'	40.00'	100.6462°
C3	52.25'	30.00'	100.7147°

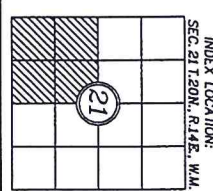


NOTE:
 THE EXISTING UTILITIES AS SHOWN ARE ONLY APPROXIMATE AND ARE BASED ON THE BEST AVAILABLE INFORMATION. IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO VERIFY THE SIZE, TYPE, LOCATION, AND DEPTH FOR ALL EXISTING UTILITIES AND REPORT THE DESIGN ENGINEER OF ANY DISCREPANCIES.

LEGEND

- SECTION CORNER, AS NOTED
- QUARTER CORNER, AS NOTED
- SET 1/2" REBAR & CAP
- FIND REBAR & CAP
- WELL

Call Before You Dig
 1-800-553-4344



RECORDER'S CERTIFICATE
 Filed for record this _____ day of _____ 20__ at _____ M in book _____ of _____ at page _____ of the request of _____ DAVID P. NELSON, _____ Surveyor's Name _____ County Auditor _____ Deputy County Auditor _____

SURVEYOR'S CERTIFICATE
 This map correctly represents a survey made by me or under my direction in accordance with the requirements of the Recording Act of the State of Washington, effective October 1, 2002.
 DAVID P. NELSON
 Certificate No. 8092

Encompass
 ENGINEERING & SURVEYING
 108 EAST 2ND STREET
 CLE ELUM, WA 99222
 PHONE: (509) 974-7433
 FAX: (509) 674-7419

DWN BY	G.W./D.P.	DATE	10/07	JOB NO.	07074
CHKD BY	D. NELSON	SCALE	1"=200'	SHEET	1 OF 2



SCHMAUS NO. 4 PLAT PROJECT OVERVIEW

OVERVIEW:

The attached proposal is to Plat Parcel Number 820434 (Map Number 20-14-21033-0003) which consists of 22.95 acres in size into 7 lots. The lots will range from 3.00 to 3.00 plus acres in size. The property is located within the Agriculture 3 (AG-3) zoning of Kittitas County.

UTILITIES:

The project's proposed water will be individual wells and the proposed sewer will be individual septic and drainfields.

TRANSPORTATION:

Access will be onto Nelson Siding Road via private access easements.

COMMENTS:

Attached are copies of the proposed plat for your review and comment.

**PLEASE SEND A COPY OF ALL CORRESPONDENCE TO ENCOMPASS
ENGINEERING AND SURVEYING**