

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

RECEIVED

"Building Partnerships – Building Communities"

OCT 21 2013

KITTTITAS COUNTY
CDS

PARCEL COMBINATION APPLICATION

(The process of combining two or more parcels, per KCC Title 16)

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: a separate application must be filed for each combination 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.
- Signatures of all property owners.
- Legal descriptions of the proposed lots.
- Project narrative description including at minimum the following information: project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
 - o Please pick up a copy of the SEPA Checklist if required

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.

APPLICATION FEE:

\$50.00 Community Development Services

\$50.00 Total fees due for this application (Check made payable to KCCDS)

FOR STAFF USE ONLY

APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

X

DATE:

10/21/13

RECEIPT #

19434

PAID

OCT 21 2013

KITTTITAS CO.

DATE STAMP HERE
CDS

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: Lance W. Sommer
Mailing Address: 8327 20th Ave NW
City/State/ZIP: Seattle WA 98117
Day Time Phone: 206-910-3189
Email Address: sommerwind2@msn.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: _____
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

4. Street address of property:

Address: 09370 SR 970, Cle Elum WA 98922
City/State/ZIP: _____

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

Acres 5.09 LD. 6829-1-3-1; SEC 26; TWP. 20; R&E. 16 PTN. SE 1/4 S. of SR 970 N. of
Teanaway River / ACRES 5.05, CD. 6829-1-3; SEC 26; TWP. 20; R&E. 16; PTN. S 1/2 LY
5 SR97

6. Tax parcel numbers: 624935, 104136

7. Property size: 10.14 (5.05 + 5.09) (acres)

8. Land Use Information:

Zoning: Forest + Range Comp Plan Land Use Designation: Rural Working

9. Existing and Proposed Lot Information:

Original Parcel Numbers & Acreage

New Acreage (1 parcel number per line)

(Survey Vol. ____, Pg ____)

#104136 - 5.85 acres

#624935 - 5.09 acres

APPLICANT IS: OWNER PURCHASER LESSEE OTHER

AUTHORIZATION

10. 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)

Date:

X _____

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

Date:

X Lance W. Sumner

10-16-2013

Treasurer's Office Review

Tax Status: _____

By: _____ Date: _____

Kittitas County Treasurer's Office

Property Summary (Appraisal Details)

Parcel Information Ownership Information

Parcel Number:

624935

Map Number:

20-16-26000-0028

Situs:

09370 \SR 970 CLE ELUM

Legal:

ACRES 5.09, CD. 6829-1-3-1; SEC.26; TWP.20; RGE.16 PTN. SE1/4 S. OF SR97 & N. OF TEANAWAY RIVER

Current Owner:

SOMMER, LANCE W ETUX

Address:

8327 20TH AVE NW

City, State:

SEATTLE WA

Zipcode:

98117

Property Summary (Appraisal Details)

Parcel Information Ownership Information

Parcel Number:

104136

Map Number:

20-16-26000-0031

Situs:

\SR 970 CLE ELUM

Legal:

ACRES 5.05, CD. 6829-1-3; SEC.26; TWP.20; RGE.16; PTN. S1/2 LY S SR97

Current Owner:

SOMMER, LANCE W ETUX

Address:

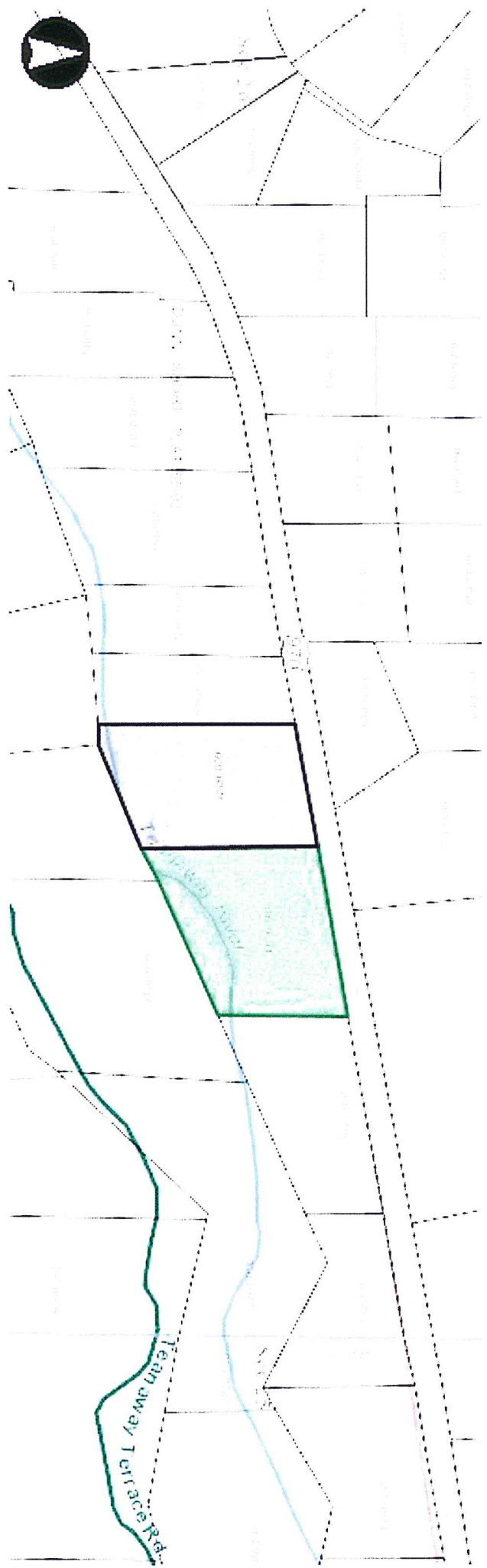
8327 20TH AVE NW

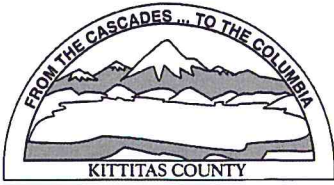
City, State:

SEATTLE WA

Zipcode:

98117





KITTITAS COUNTY PERMIT CENTER
411 N. RUBY STREET, ELLENSBURG, WA 98926

RECEIPT NO.: 00019434

COMMUNITY DEVELOPMENT SERVICES
(509) 962-7506

PUBLIC HEALTH DEPARTMENT
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS
(509) 962-7523

Account name: 027771

Date: 10/21/2013

Applicant: SOMMER, LANCE W ETUX

Type: check # 1234

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
CB-13-00004	PARCEL COMBINATION	50.00
	Total:	50.00