

KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITTTITAS.WA.US

Office (509) 962-7506

"Building Partnerships – Building Communities"

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.
- ☒ Tax Receipt (full-year taxes must be paid in full)
- ☒ A certificate of title issued within the preceding one hundred twenty (120) days.
- ☒ ~~SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-809)~~
 - ☐ ~~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:

\$600.00 Community Development Services

\$586.00 Public Works

\$1,186.00 Total fees due for this application (Check made payable to KCCDS)**FOR STAFF USE ONLY**APPLICATION RECEIVED BY:
(CDS STAFF SIGNATURE)

X _____

DATE: _____

RECEIPT # _____

KITTTITAS CO CDS**RECEIVED****05/01/2024**

DATE STAMP HERE



South Bound Motorsports <hondabikepeeps@gmail.com>

<No Subject>

1 message

K <kevinmholt@wavecable.com>

Mon, Mar 11, 2024 at 4:16 PM

To: Kevin Holt <hondabikepeeps@gmail.com>

The project narrative description is at follows. We are combining six parcels of land totaling 151.82 acres when combined. There is no sewage disposal. There is no water supply. There is no power.



South Bound Motorsports <hondabikepeeps@gmail.com>

<No Subject>

1 message

K <kevinmholt@wavecable.com>

Mon, Mar 11, 2024 at 3:46 PM

To: Kevin Holt <hondabikepeeps@gmail.com>

For the site plan I have included tax parcel number 024736, 148034, 455636, 518134, 318034, 724736. I have outlined in solid line the outer perimeter with perforated lines in the interior to denote what will be attaching. There are no water supplies or sewer system. There is no power, no water at the cabin and it has the Swedish that burns waste. This is all raw land that we just want into one contiguous parcel

Legal Description

Parcel 024736

ACRES 22.00, CD. 9196-5-1; SEC. 11, TWP. 19, RGE. 18; PTN. N1/2 (SURVEY #465770 PARCEL 5-A)

Parcel 148034

ACRES 44.00, CD. 9196-4; SEC. 11; TWP. 19; RGE. 18; PTN. NE1/4

Parcel 455636

ACRES 27.44, CD. 9197-1; SEC. 12, TWP. 19, RGE. 18 PTN. NW1/4 LY NWLY OF E. FORK CURRIER CREEK (PTN. PARCEL 7-A, SURVEY #482810 SEE 9196-1-1-1 FOR OTHER PTN.

Parcel 518134

ACRES 19.96, CD. 9197; SEC. 12; TWP. 19; RGE. 18; PTN NW 1/4 LY NWLY E. FORK CURRIER CR. (552.60@ TRANSFERRED TO SUN EAST)

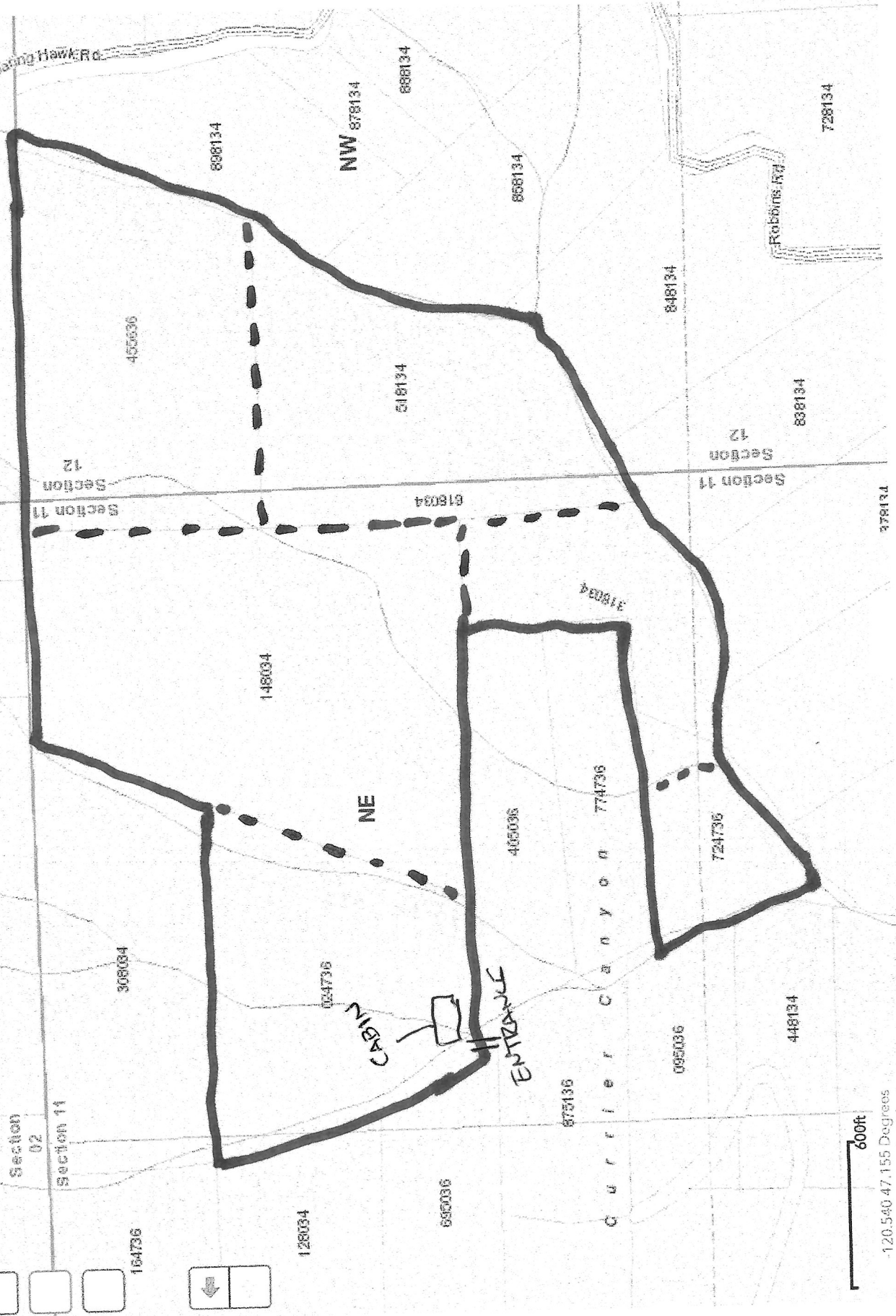
Parcel 318034

ACRES 18.00, CD. 9196-3; SEC. 11; TWP. 19; RGE. 18; PTN. OF SECTION (PARCEL 3-A SURVEY #465774)

Parcel 724736

ACRES 11.99, CD. 9196-3-1, SEC. 11; TWP. 19; RGE.18 PTN. E 1/2 OF SEC. (PER SURVEY #465774 - LOT 3-B)
(LESS .01@ SPRING SITE)

Address, Place, or XY	
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[illegible]

All rights reserved

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:

KEVIN ROLT & LORANDA MADALLER

Mailing Address:

9769 GILMAN PL SW

City/State/ZIP:

POIET ORCHARD WA 98367

Day Time Phone:

360 621-8667

Email Address:

Londa.bike@ccps@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:

N/A

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:

N/A

4. Street address of property:

Address:

City/State/ZIP:

N/A

ELLENSBURG WA

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

ATTACHED

6. Tax parcel numbers: 024736, 148034, 455636, 518134, 318034, 724736

7. Property size: 151.82 AC. (acres)

8. Land Use Information:

Zoning: FOREST & RANGE

Comp Plan Land Use Designation: _____

9. Existing and Proposed Lot Information:

Original Parcel Numbers & Acreage

New Acreage (1 parcel number per line)

(Survey Vol. ____, Pg ____)

024736 22 AC

148034 44 AC

455636 30.84 AC

518134 24.99 AC

318034 18 AC

724736 11.99 AC

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)

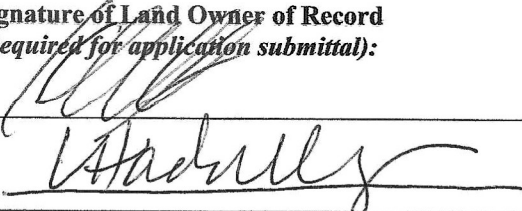
Date:

X

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

Date:

X



3/11/24

X

3/11/24

Treasurer's Office Review

Tax Status: _____

By: _____ Date: _____

Kittitas County Treasurer's Office

COMMUNITY DEVELOPMENT SERVICES REVIEW

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: _____

Step 3: Confirmation and Receipt

Result: Payment Authorized Confirmation Number: 151989470

Your payment has been authorized successfully and payment will be processed.

Kittitas County Treasurer thanks you for your payment. For questions about your account, please call 509-962-7535. Credit card payments will show up as Kittitas Co Taxes. E-check payments will show on your bank statement as PNP BILLPAYMENT 8888916064. Thank you for using our bill payment services.

Please save or print a copy of this receipt for record keeping purposes.

My Bills

Description	Payment Amount
Property Taxes payment of \$2,271.56 on Cart ID 34331	\$2,271.56

Customer Information

First Name: Loranda
Last Name: Hadaller
Address Line 1: 9769 Gilman PI SW
Address Line 2:
City: Port Orchard
State: Washington
Zip Code: 98367
Phone Number: 360-827-0431
Email Address: mhadaller@msn.com

Subtotal:	\$2,271.56
Convenience Fee:	\$2.00
Total Payment:	\$2,273.56

Payment Information

Payment Date: 02/28/2024
Check Routing Number: 325180223
Check Account Number: *****295
Account type: Checking

Print

Step 3: Confirmation and Receipt

Result: Payment Authorized

Confirmation Number: 152710003

Your payment has been authorized successfully and payment will be processed.

Kittitas County Treasurer thanks you for your payment. For questions about your account, please call 509-962-7535. Credit card payments will show up as Kittitas Co Taxes. E-check payments will show on your bank statement as PNP BILLPAYMENT 8888916064. Thank you for using our bill payment services.

Please save or print a copy of this receipt for record keeping purposes.

My Bills

Description	Payment Amount
Property Taxes payment of \$2,271.50 on Cart ID 34686	\$2,271.50

Customer Information

First Name: Loranda
Last Name: Hadaller
Address Line 1: 9769 Gilman Pl SW
Address Line 2:
City: Port Orchard
State: Washington
Zip Code: 98367
Phone Number: 360-827-0431
Email Address: mhadaller@msn.com

Subtotal:	\$2,271.50
Convenience Fee:	\$2.00
Total Payment:	\$2,273.50

Payment Information

Payment Date: 03/13/2024
Check Routing Number: 325180223
Check Account Number: *****295
Account type: Checking

Print