



## KITITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

CDS@CO.KITITITAS.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 197-11-800)
  - 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:**

\$600.00 Community Development Services

\$586.00 Public Works

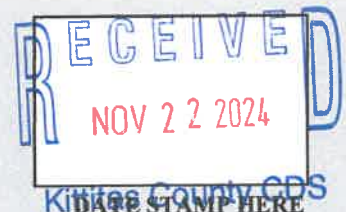
**\$1,186.00 Total fees due for this application (Check made payable to KCCDS)****FOR STAFF USE ONLY**APPLICATION RECEIVED BY:  
(CDS STAFF SIGNATURE)

X

DATE:

11/22/24

RECEIPT #

 CB-24-00006  
 CD24-02962


### 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: Rick May (Lot ~~26~~) ~~Suncadia Resort LLC (Lot 26)~~  
Mailing Address: 271 Gold Leaf Lane ~~270 Suncadia Trail~~  
City/State/ZIP: Cle Elum, WA 98922 ~~Cle Elum, WA 98922~~  
Day Time Phone: 509-656-4021 ~~509-649-6102~~  
Email Address: Rick@rickmayphotography.com ~~catherton@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: Rick May (Lot 25)  
Mailing Address: 271 Gold Leaf Lane  
City/State/ZIP: Cle Elum, WA 98922  
Day Time Phone: 509-656-4021  
Email Address: Rick@rickmayphotography.com

**3. Name, mailing address and day phone of other contact person**

*If different than land owner or authorized agent.*

Name: ESM Consulting Engineers, Attn: Cynthia A. Flood, PLS  
Mailing Address: 33400 8th Avenue S., Suite 205  
City/State/ZIP: Federal Way, WA 98003  
Day Time Phone: 253-838-6113  
Email Address: cindy.flood@esmcivil.com

**4. Street address of property:**

Address: 271 Gold Leaf Lane  
City/State/ZIP: Cle Elum, WA 98922

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

Lots 16-25 and 16-26, Suncadia - Phase 3 Divisions 15 and 16 (Tumblecreek),  
Book 13 of Plats, Pages 59-79.

**6. Tax parcel numbers:** 961325 and 961326

**7. Property size:** 1.02 (acres)

**8. Land Use Information:**

Zoning: Planned Unit  
Development

Comp Plan Land Use Designation: Rural Recreation

9. Existing and Proposed Lot Information:

Original Parcel Numbers & Acreage

New Acreage (1 parcel number per line)

(Survey Vol. \_\_\_\_, Pg \_\_\_\_)

20-14-14051-1625 0.52 Acres

1.02 Acres

20-14-14051-1626 0.50 Acres

APPLICANT IS: (Lot 25) and (Lot 26)  
☒ 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

11-23-24

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

Date:

X

11-22-24

**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: \_\_\_\_\_