KITHIAS COUNTY

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506

"Building Partnerships - Building Communities"

SHORT PLAT APPLICATION

(To divide a lot(s) into no more than 4 lots in rural areas or to divide a lot(s) into no more than 9 lots within Urban Growth Areas, according to KCC 16.08.186 and KCC 16.32)

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

Two large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5"x11"copy.

- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800) (Pick-up SEPA Checklist form if required)
- Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS

(Optional at submittal, required at the time of final submittal)

- Computer lot closures

***Final short plat application and associated fees will be required at time of request for final short plat processing. Please see the final short plat application for current fees.

APPLICATION FEES:

\$2,340.00	Kittitas County Community Development Services (KCCDS)			
\$1,215.00*	Kittitas County Public Works			
\$130.00	Kittitas County Fire Marshal			
	Kittitas County Public Health			
\$4,215.00	Total fees due for this application (One check made payable to KCCDS)			
	*5 hours of review included in Public Works Fee. Additional review hours will be billed at \$243 per hour.			

\$6,025.00 Total Fees due for this application when SEPA is required (SEPA fee \$1,810.00)

Application Received By (CDS Staff Signature):

DATE:

Second Process

DATE:

C024-0/177

RECEIPT #

MAY 0 9 2024

C024-0/177

RECEIPT #

C024-0/177

GENERAL APPLICATION INFORMATION

Name, mailing address and day phone of land owner(s) of record: 1. Landowner(s) signature(s) required on application form. Frosty Pines, LLC - Jack Frost, President Name: 36415 SE Hudson Road Mailing Address: Ravensdale, WA 98051 City/State/ZIP: 253.332.5696 Day Time Phone: jackfrostloghomes@gmail.com Email Address: Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form. Name: Hazem and Jyotika Younes Mailing Address: 4433 219th Place SE City/State/ZIP: Bothell, WA 98021 Day Time Phone: Email Address: Name, mailing address and day phone of authorized agent, if different from landowner of record: 2. If an authorized agent is indicated, then the authorized agent's signature is required for application submittal. Agent Name: Sam Ward, PLS - APS Survey & Mapping, Inc. Mailing Address: PO Box 305 City/State/ZIP: Roslyn, WA 98941 Day Time Phone: 425,746,3200 Email Address: samw@apssm.com Name, mailing address and day phone of other contact person 3. If different than land owner or authorized agent. Name: Val Ward - APS Survey & Mapping, Inc. Mailing Address: **PO Box 305** City/State/ZIP: Roslyn, WA 98941

425.746.3200

valw@apssm.com

Day Time Phone:

Email Address:

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. Project Narrative Attached 11. Are Forest Service roads/easements involved with accessing your development? If yes, explain. Project Narrative Attached What County maintained road(s) will the development be accessing from? Project Narrative Attached AUTHORIZATION 13. 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 herely	5.	Street address of prop	erty:					
6. Legal description of property (attach additional sheets as necessary); See Sheet 1 of Prosty Pines II Short Plat Map 7. Tax parcel number(a); 952828 & 952827 8. Property size: 27.065 (acres) 9. Land Use Information: Zoning: Rural Recreational Comp Plan Land Use Designation: Rural Recreational PROJECT NARRATIVE (INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION) 10. Narrative project description (include as attachment): Please include at minimum 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. Project Narrative Attached 11. Are Forest Service roads/easements involved with accessing your development? If yes, explain. Project Narrative Attached AUTHORIZATION 13. 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 two complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I here 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 copiles sent to the authorized age or contact person, as applicable. Signature of Land Owner of Record (Required for application) X		Address:						
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