



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"

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)

- ☒ Certificate of Title (Title Report)
- ☐ 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
\$530.00	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)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

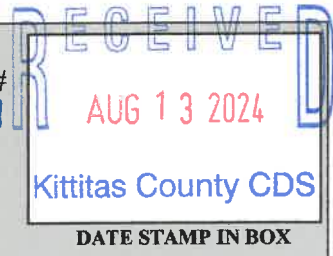
Dail Weyand

DATE:

8-13-24

RECEIPT #

CO24-02101



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: David & Genevieve Sedgwick

Mailing Address: 801 E. 1st St., Ste B 114

City/State/ZIP: Cl. Elum WA 98922

Day Time Phone: (425) 557-9431

Email Address: dasedgw@gmail.com & gennySedgwick@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: _____

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

If different than land owner or authorized agent.

Name: Chris Cruse

Mailing Address: PO Box 959

City/State/ZIP: Ellensburg WA 98926

Day Time Phone: (509) 962-8242

Email Address: chris@cruseandassoc.com

4. Street address of property:

Address: 1690 Mountain Cr. Dr.

City/State/ZIP: Cl. Elum, WA 98922

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

Parcel 1 in Book 25 of Surveys at Pages 206-211

6. Tax parcel number(s): 15813

7. Property size: 10.00 (acres)

8. Land Use Information:

Zoning: AG-20

Comp Plan Land Use Designation: R-W

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Landowner(s) signature(s) required on application form.

Name: David & Genevieve Sedgwick

Mailing Address: 801 E. 1st St., Ste B 114

City/State/ZIP: Clallam WA 98922

Day Time Phone: (425) 557-9431

Email Address: dasedgwick@gmail.com & Gsedgwick@windermere.com

gennysedgwick@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: _____

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

If different than land owner or authorized agent.

Name: Chris Cruse

Mailing Address: PO Box 959

City/State/ZIP: Ellensburg WA 98926

Day Time Phone: (509) 962-8242

Email Address: chris@cruseandassoc.com

4. Street address of property:

Address: 1690 Mountain Cr. Dr.

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PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9. **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. *See attached*

10. **Are Forest Service roads/easements involved with accessing your development?** If yes, explain. *No.*
11. **What County maintained road(s) will the development be accessing from?** *Burke Rd.*

AUTHORIZATION

12. 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)

X

Date:

01/14/2024

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

X

Date: