



KITTTAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926
CDS@CO.KITTTAS.WA.US
Office (509) 962-7506
Fax (509) 962-7682

"Building Partnerships - Building Communities"

PE-16-00004

PLAT EXTENSION

(Preliminary plats shall expire per RCW 58.17.140, unless an extension request is granted. An extension may be granted for up to one year if a request is submitted at least 30 days before the expiration date. Up to five extensions may be granted. See KCC 16.12.250)

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

- **Plat Extension Request Narrative** Please include at minimum the following information in your narrative:
 - Preliminary plat file number;
 - Number of lots granted preliminary approval;
 - Date preliminary plat received approval;
 - Date final extension submission was required (30 days before of the 5-year anniversary of approval); and
 - Justification for requesting the preliminary plat extension and good faith efforts to submit final plat.

16.12.250 Expiration.

A final plat meeting all requirements of this chapter shall be submitted to the board for approval within the timeframe specified by [RCW 58.17.140](#). Failure to do so will result in the preliminary plat being expired and no longer valid. No further action is necessary regarding an application once the preliminary plat has expired pursuant to this chapter. Any applicant who files a written request with the administrator within 30 days before the expiration date, showing that the applicant has attempted in good faith to submit the final plat within the time period and that the associated fees are paid, shall be granted a one-year extension. Such an extension can be requested and granted five times. (Ord. 2010-014 , 2010; Ord. 2010-02, 2010; Ord. 2005-31, 2005)

APPLICATION FEE:

\$530.00 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">CJB</div>	DATE: <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">8.19.16</div>	RECEIPT # <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">31159</div>	<div style="border: 2px solid blue; padding: 5px; margin: 5px auto; width: 80%;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-weight: bold; font-size: 1.1em;">AUG 19 2016</p> <p style="color: blue; font-weight: bold; font-size: 1.1em;">KITTTAS COUNTY</p> <p style="color: blue; font-weight: bold; font-size: 0.8em;">CDS</p> </div> <p style="font-size: 0.8em; margin-top: 5px;">DATE STAMP IN BOX</p>
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COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT • FIRE INVESTIGATION

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: DON FKEITHYST
Mailing Address: 2151 BRICKMILL RD
City/State/ZIP: ELLENBURG
Day Time Phone: 509 925 5811
Email Address: _____

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: BRICKMILL RD
City/State/ZIP: ELLENBURG WAASH

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

6. Tax parcel number: 181920020-0006 784434

7. Property size: _____ (acres)

8. **Land Use Information:**

Zoning: AG 20
AG 5

Comp Plan Land Use Designation: RURAL WORKING

AUTHORIZATION

9. 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 Don C. Eberhart

Date:

8/19/14

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

X Don C. Eberhart

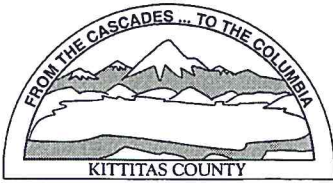
Date:

8/19/14

LP-08-00033 Akehurst

14 lot plat received preliminary approval September 15, 2009.

The applicant has been working with Environmental Health to discern water requirement with respect to changes to county code and comprehensive plan since preliminary approval was granted.



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

RECEIPT NO.: 00031159

COMMUNITY DEVELOPMENT SERVICES
(509) 962-7506

PUBLIC HEALTH DEPARTMENT
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS
(509) 962-7523

Account name: 020192

Date: 8/19/2016

Applicant: AKEHURST, DONALD R ETUX

Type: check # 3604

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
PE-16-00004	PLAT EXTENSION FEE	530.00
	Total:	530.00