PE-13-00001 LP-06-00038

Doc Hansen KCCDS 411 Ruby Street, Ste 2 Ellensburg, WA 98926

Dear Doc;

I am writing to submit an extension on a preliminary plat:

- o Preliminary plat file number: 2008-23, Happy Trails
- o Number of lots granted preliminary approval: 9
- o Date preliminary plat received approval: 2/5/2008

Attached is my general application information. Please let me know if you need any additional information. My cell phone is 509-859-3933.

Thank you,

Matt Willard

Town & Country Homes



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

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

"Building Partnerships - Building Communities"

PRELIMINARY PLAT EXTENSION

(Preliminary plats shall expire after five years, 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 five years of the date of preliminary plat approval. Failure to do so will result in the preliminary plat being expired and no longer valid.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. 2010-02, 2010; Ord. 2005-31, 2005)

APPLICATION FEE:

\$255 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): DATE STAMPIN BOX

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 Copp	
	Mailing Address:	1090 Snowberry Loop	
	City/State/ZIP:	_ Cle Elum, WA 98922	
	Day Time Phone:		
	Email Address:		
2.		and day phone of authorized agent, if different from landowner of record: indicated, then the authorized agent's signature is required for application submittal.	
	Agent Name:	matt Willard	
	Mailing Address:	PO Box 1359	
	City/State/ZIP:	Ellensburg, WA 98926	
	Day Time Phone:	509.859.3934	
	Email Address:	Office & tandchomes. Net	
3.	Name, mailing address If different than land own	and day phone of other contact person ner or authorized agent.	
	Name:		
	Mailing Address:		
	City/State/ZIP:		
	Day Time Phone:		
	Email Address:		
4.	Street address of prope	rty:	
	Address:	NHN Int. Daniels Drive End of Delta Street, Grasslands	
	City/State/ZIP:	Ellensburg, WA 98926	
5.	Legal description of pro	operty (attach additional sheets as necessary): See attached	
6.	Tax parcel number:	17-19-06040-0026	
7.	Property size:	14.57 (acres)	
8.	Land Use Information: Zoning: Rual Residential Comp Plan Land Use Designation:		

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)	Date:
x Mutt will	1-5-13
Signature of Land Owner of Record	Date:
(Required for application submittal):	1
x Pon Copp	1/20/13

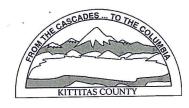
General Application Information

5. Legal Description of property:

Parcel D of that certain Survey as recorded December 15, 2003, in Book 29 of Surveys, pages 177 and 178, under Auditor's File No. 200312150026, records of Kittitas County, Washington; being a portion of the Southeast Quarter of Section 6, Township 17 North, Range 19 East, W.M., in the county of Kittitas, State of Washington;

AND

Parcel Y of that certain Survey as recorded December 15, 2003, in Book 29 of Surveys, pages 177 and 178, under Auditor's File No. 200312150026, records of Kittitas County, Washington; being a portion of the Southwest Quarter of Section 6, Township 17 North, Range 19 East, W.M., in the County of Kittitas, State of Washington.



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

RECEIPT NO.:

00016401

COMMUNITY DEVELOPMENT SERVICES

(509) 962-7506

PUBLIC HEALTH DEPARTMENT (509) 962-7698

DEPARTMENT OF PUBLIC WORKS

(509) 962-7523

Account name:

026553

Date: 1/22/2013

Applicant:

COPP, DON ETUX

Type:

check

#8719

Permit Number

PE-13-00001

 Fee Description
 Amount

 PLAT EXTENSION FEE
 255.00

 Total:
 255.00