

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"

August 6, 2012

Allison Kimball
Authorized Agent for Back County Resources LLC
PO Box 1036
Cle Elum, WA 98922

Subject: 2nd Plat Extension Approval – Evergreen Park Performance Based Cluster Plat (P-06-13)

Dear Ms. Kimball,

Thank you for submitting your Plat Extension application (PE-12-00005) on August 3, 2012 requesting a one-year plat extension for the Evergreen Park Performance Based Cluster Plat (P-06-13). Please be advised that the plat extension for the Evergreen Park Performance Based Cluster Plat has been approved. The expiration date for Evergreen Park Performance Based Cluster Plat has been extended to **September 19, 2013**.

If you have any questions, please feel free to contact me.

Sincerely,

Dan Valoff
Staff Planner

Brookside Consulting

August 3, 2011

Mr. Dan Valoff, Planner II
Kittitas County
Community Development Services
411 N. Ruby Street, Suite 2
Ellensburg, WA 98926

RE: Evergreen Park 14-Lot Performance Based Cluster Plat (P-06-13)
Request for one year plat extension approval

Dear Dan:

As authorized agent on behalf of Back Country Resources, LLC, please accept the enclosed plat extension application for the Evergreen Park Plat, in accordance with Kittitas County Code 16.12.250. This plat was granted preliminary approval on September 19, 2006 by way of Resolution No. 2006-131.

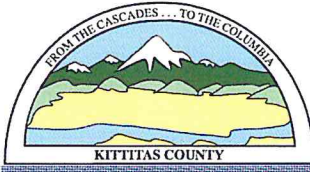
We are currently under construction for final plat and the mylars are being routed for signature. Although you intend to have the mylars signed by the BOCC Chair at the August 21, 2012 Consent Agenda, the deadline to submit this extension request is August 17, 2012. As a precautionary measure we are requesting another extension.

We continue to make good faith efforts in resolving the issues at hand and respectfully request that a one year extension be granted to September 19, 2013.

Sincerely,



Allison Kimball
Authorized Agent for Back Country Resources, LLC



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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): <u>Amber Green</u>			DATE: <u>8.3.12</u>	RECEIPT # <u>000148212</u>	
PE 12 00005					

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: Back Country Resources, LLC
Mailing Address: PO Box 923
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: 509-674-6828
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: Allison Kimball/Brookside Consulting
Mailing Address: PO Box 1036
City/State/ZIP: Cle Elum, WA 98922
Day Time Phone: 509-674-6828
Email Address: brooksideconsulting@gmail.com

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: USFS Rd 4510/Trailside Dr/Snow Ridge Dr
City/State/ZIP: Cle Elum, WA 98922

5. Legal description of property (attach additional sheets as necessary):
SW ¼ of Section 7, Township 19 North, Range 15 East, W.M.

6. Tax parcel number: 19-15-07000-0028

7. Property size: 45 acres

8. Land Use Information:

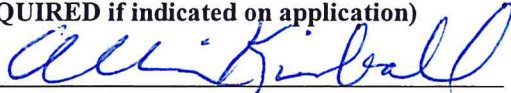
Zoning: Rural-3 Comp Plan Land Use Designation: Rural

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.

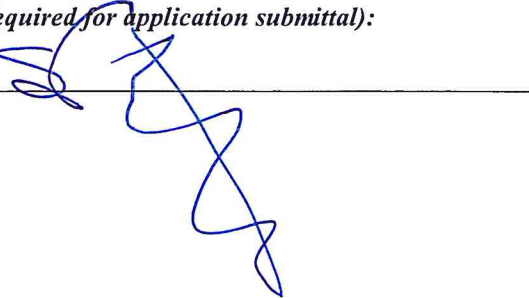
Signature of Authorized Agent:
(REQUIRED if indicated on application)

X 

Date:

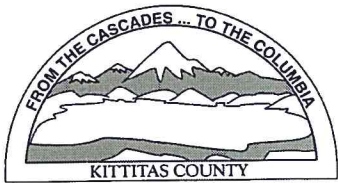
8/3/12

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

X 

Date:

8/3/12



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

RECEIPT NO.: 00014892

COMMUNITY DEVELOPMENT SERVICES
(509) 962-7506

PUBLIC HEALTH DEPARTMENT
(509) 962-7698

DEPARTMENT OF PUBLIC WORKS
(509) 962-7523

Account name: 023245

Date: 8/3/2012

Applicant: BACK COUNTRY RESOURCES LLC

Type: check # 3755

<u>Permit Number</u>	<u>Fee Description</u>	<u>Amount</u>
PE-12-00005	PLAT EXTENSION FEE	255.00
	Total:	255.00