

**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"

**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 and/or KCC 16.32.090)*

**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**

*M/B*

**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 Failure to do so will result in the preliminary plat being expired and no longer valid.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 at least 30 days prior to 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. 2018-021, 2018; Ord. 2010-014, 2010; Ord. 2010-02, 2010; Ord. 2005-31, 2005)

**Or**


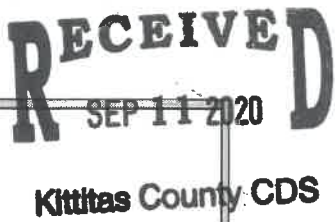
**16.32.090 Expiration.**

A final short plat meeting all requirements of this chapter shall be submitted and approved within the timeframe specified by RCW 58.17.140. Failure to do so will result in the short plat being expired and no longer valid. No further action is necessary regarding an application once the short plat has expired pursuant to this chapter. Any applicant who files a written request with the administrator at least 30 days prior to the expiration date, showing that the applicant has attempted in good faith to submit the final short 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. 2018-001, 2018; Ord. 2010-014, 2010)

**APPLICATION FEE:**

**\$550.00 Total fees due for this application (One check made payable to KCCDS)**

**FOR STAFF USE ONLY**

Application Received By (CDS Staff Signature): 	DATE: <i>9-11-2020</i>	RECEIPT # <i>CD20-02483</i>	

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: Andy Schmidt - for Schmidt Ranches LLC  
Mailing Address: 300 MISSION VIEW DRIVE & Flying A LLC  
City/State/ZIP: Ellensburg WA  
Day Time Phone: 509-899-3812  
Email Address: Andy@wardrugh.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: SAME AS ABOVE  
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: SAME AS ABOVE  
Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Street address of property:**

Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_

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

see plat # LUP-08-00022, LUP-08-00022, LUP-08-00022

**6. Tax parcel number:** \_\_\_\_\_

**7. Property size:** \_\_\_\_\_ (acres)

**8. Land Use Information:**

Zoning: \_\_\_\_\_ 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)

X Andrew Schmidt

Date:

9-11-2020

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

X Andrew Schmidt

Date:

9-11-2020