

**Mono County
Community Development Department**

P.O. Box 347
Mammoth Lakes, CA 93546
(760) 924-1800, fax 924-1801
commdev@mono.ca.gov

Planning Division

P.O. Box 8
Bridgeport, CA 93517
(760) 932-5420, fax 932-5431
www.monocounty.ca.gov

**MAP EXTENSION
APPLICATION**

APPLICATION # _____	FEE PAID \$ _____
DATE RECEIVED _____	RECEIVED BY _____
RECEIPT # _____	CHECK # _____ (NO CASH)

APPLICANT/AGENT Ralph N. Haber and Lynn Haber
ADDRESS 313 Ridge View Rd **CITY/STATE/ZIP** Swiss Meadows CA 93574
TELEPHONE (760) 387-2458 **E-MAIL** Ralph@humanfactorsconsultants.com

OWNER, if other than applicant _____
ADDRESS _____ **CITY/STATE/ZIP** _____
TELEPHONE (_____) _____ **E-MAIL** _____

Date of Planning Commission approval _____ **APN** _____
Date of Board of Supervisors approval _____ **Minute Order #** _____
Map expiration date _____

PREVIOUS EXTENSIONS: Extension approved _____ Expires _____
Second extension approved _____ Expires _____

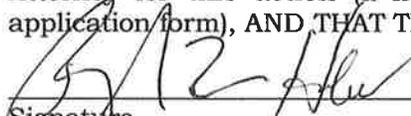
REASON FOR REQUEST: Applicant(s) should describe the progress to date and the reasons why an extension is necessary, using additional sheets if necessary.

Massive fire on Feb 6, 2015 slowed everything down. The land being developed was all burnt to a crisp. Bc MAP is done, getting banks to sign off takes longer.

- APPLICATION SHALL INCLUDE:**
- A. Completed application form.
 - B. Project processing deposit: See Development Fee Schedule for Map Extension.
 - C. If the environmental document is still valid and does not need modification by staff, no deposit. Otherwise, see Development Fee Schedule for the following Environmental Review deposits (CEQA) that may be required: Categorical Exemption, Negative Declaration, Environmental Impact Review (deposit for initial study only).

More on back...

I CERTIFY UNDER PENALTY OF PERJURY THAT I am: legal owner(s) of the subject property (all individual owners must sign as their names appear on the deed to the land), corporate officer(s) empowered to sign for the corporation, or owner's legal agent having Power of Attorney for this action (a notarized "Power of Attorney" document must accompany the application form), AND THAT THE FOREGOING IS TRUE AND CORRECT.


Signature


Signature

9-15-16
Date