CITY OF SEQUIM

DEPARTMENT OF COMMUNITY DEVELOPMENT
152 W. Cedar Street, Sequim, WA 98382
(360) 683-4908

REQUEST FOR AN EXTENSION OF LAND USE PROJECT

Per Sequim Municipal Code 20.01.130(K), Applicants may request an extension of time to provide material required by the City during its review for technical completeness, including without limitation additional information, drawings, studies, or corrections to previously submitted material. Applicant's request for an extension of time must be in writing. The Director may grant, in writing, one extension of 30 calendar days if the required material warrants additional time. If the required material is not submitted by the date specified, the application lapses. Lapsed applications are deemed to have been voluntarily withdrawn. Withdrawn applications must be resubmitted as new applications requiring repayment of all applicable fees. Within 14 calendar days after an applicant has submitted the additional material identified as being necessary for a complete application, the director will notify the applicant whether the application is complete.

An applicant may request one extension to the time limit. The DCD director will review the request for extension and *may* grant it only if **all** of the following are met:

1. The applicant requests such an extension in writing no less than 30 days prior to the permit becoming null and void. **Verbal requests will not be accepted.**
2. The DCD director finds that good cause has prevented the Applicant from providing the additional information within the 90-calendar-day time period. **Disagreement with required City codes and/or standards does not qualify as "good cause."**
3. The Applicant demonstrates the likelihood that the requested information will be provided to the City within the additional 30-calendar-day time period.
4. No more than one extension will be granted.
5. If at the end of the 30-day extension the requested revisions, corrections, studies, or information have not been submitted and accepted by the City, the application will be formally closed. A new application and fees will be required.

PROJECT INFORMATION:	
Project Name:	File No.:
Site Address:	Tax Assessor's ID:
Date Revision Letter Sent to Application:	Revision Due Date:
What is the reason for the delay?	
APPLICANT:	
Name:	Phone:
Email:	

I, the undersigned, declare under penalty of perjury under the laws of the State of Washington, that to the best of my knowledge, the above information is true and complete.

Applicant Name: Date:

Applicant Signature:

FOR STAFF USE ONLY:

The above requested extension is approved by the City of Sequim.

Approved By: Title:

Signature: Date:

Notes: