

# 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** Triad/Holmes Associates Profit Sharing Plan (formerly Patel)

ADDRESS PO Box 1570 CITY/STATE/ZIP Mammoth Lakes, CA 93546

TELEPHONE ( 760 ) 934-7588 E-MAIL tplatz@thainc.com

**OWNER**, if other than applicant \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

Date of Planning Commission approval 5/10/2007 APN 024-250-002

Date of Board of Supervisors approval N/A Minute Order # N/A

Map expiration date 5/10/16

**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.

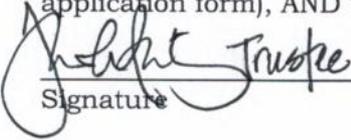
Economic conditions do not warrant that these lots be developed at this time.

**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

4/14/16  
Date