



# SARPY COUNTY PLANNING & BUILDING DEPT.

1210 GOLDEN GATE DRIVE, #1240  
PAPILLION, NE 68046  
PHONE: 402-593-1555 FAX: 402-593-1558  
E-MAIL: [PLANNING@SARPY.COM](mailto:PLANNING@SARPY.COM)

## EXTENSION OF APPROVAL FOR FINAL PLAT

In order for your application to be considered **COMPLETE**, please answer all applicable questions and provide the following:

1. Submit completed Application
2. Submit Non-Refundable Fee of **\$100.00** made payable to Sarpy County

### **PLANNING STAFF USE ONLY:**

ORIGINAL APPLICATION #: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

APPLICATION FEE: \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE OF ORIGINAL PLAT APPROVAL: \_\_\_\_\_

90-DAY EXTENSION DATE: \_\_\_\_\_

COUNTY BOARD ACTION: \_\_\_\_\_ DATE: \_\_\_\_\_

### **APPLICANT/PROPERTY OWNER INFORMATION: (If multiple owners, please attach separate sheet)**

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### **ENGINEERING/SURVEYING PROFESSIONAL'S INFORMATION:**

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**REASON FOR EXTENSION:** Give detailed explanation as to why the 90 day extension to the approval of the Plat is necessary.

**PLAT INFORMATION:** Complete each section in its entirety. If a question is not applicable to your project, please indicate this to show that each question has been carefully considered.

PLAT NAME: \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER: \_\_\_\_\_ ADDITIONAL PARCEL NUMBERS \_\_\_\_\_

GENERAL LOCATION: \_\_\_\_\_  
(example 189<sup>th</sup> & Giles Rd)

LEGAL DESCRIPTION: (Describe property to wit:) \_\_\_\_\_

The applicant (or authorized agent) has prepared this application and certifies that the facts stated herein and any exhibits attached hereto are true and correct.

\_\_\_\_\_  
Property Owner/Applicant Signature

\_\_\_\_\_  
Date