



801 – 228th Avenue SE • Sammamish, WA 98075 • Phone: 425-295-0500 • Fax: 425-295-0600 • web: www.ci.sammamish.wa.us

PERMIT NUMBER								

Acceptance of Financial Responsibility for Project Fees

Project Address:
Parcel Number #:
Property Owner:

PERSON TAKING FINANCIAL RESPONSIBILITY FOR PAYMENT

Name:
Company Name (if applicable):
Address:
City/State/Zip:
Phone:
Email:

Person taking financial responsibility:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Developer | <input type="checkbox"/> Rezone Petitioner |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Seller | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Contract Purchaser | |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Lessor/Lessee | |

PERSON TAKING FINANCIAL RESPONSIBILITY FOR PAYMENT

I, _____, declare under penalty of perjury under the laws of the State of Washington that I am the _____ of the above referenced property/project and that the information provided herein is correct and complete. I will pay all permit fees for the above project, regardless whether the permit is issued or whether the application is canceled before permit issuance. If my address changes at any time before the City of Sammamish has received full payment for all fees billed or owing, I will immediately notify the City of Sammamish of the new address. I understand that there may be hourly or other review fees that accrue during review or prior to closing the permit that are above the minimum permit fee paid at time of application. I will be responsible for any and all additional fees.

Signed this _____ day of _____, 20____ at _____, _____ State
City State
 By: _____ (Signature)