PERMIT NUMBER								
			—					

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

Affidavit of Impact Fee Deferral

Parcel No: _____

I/We, _____ hereby certify that I am/We

are the legal owner(s) of the Property described as _____

_____

I/We understand that:

1) I/We am responsible for payment within 30 days of Escrow closing.
2) This is only for lots that will be sold upon completion of the structure.
3) I/We acknowledged this is not eligible for Over the Counter Process.
4) The city will require recording of a lien in a form approved by the City against the property to ensure payment prior to closing of sale of property.

Property Owner: _____Telephone No. _____

Mailing Address _____City_____State_____ Zip_____

Applicant _____Telephone No. _____

Mailing Address_____City_____State_____ Zip_____

Signature _____Date_____

State of Washington County of King

On this _____ day of _____, 20_____, before me, _____, the undersigned

Notary Public, _____, personally appeared and is known to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed it.

WITNESS my hand and official seal.

_____
Notary Public

Residing in: Washington

Term Expires: _____