200402170212
Skagit County Auditor
2/17/2004 Page 1 of 2 1:59PM

Return to:
David Johnson
9615 Samish Road
Bow, WA 98232

Document Title: **Lot of Record Certification**

Grantors (Last name, first name, initials):

Johnson, David Skagit County Planning & Permit

Grantees (Last name, first name, initials):

Legal Description (Abbreviated: i.e., lot, block, plat or quarter section)

S26 T35 R9 TAX 13AA CAAP 306 1/2' N OF SKAGIT RIVER ON S LN OF HENRY GAY'S HOLDING WHERE CO RD LEAVES SAME TH W ALG CO RD S 65 DEG 13' W 342.7' TH N 25 DEG 17' W 311' TH N 81 DEG 31' E 451' TH S 50 DEG 37' W 204' TO POB LESS E 145' & EXC THAT PTN OF LT 1 DAF BEG AT INTERS OF N'LY LN OF CO RD & E LN OF SEC 26 WH PT IS 306.5FT M/L N OF SKAGIT RIVER TH S 65-13 W ALG CO RD TAP 145FT W OF & PLT E LN OF SEC TH S 65-13 W 85FT TO TPOB TH N 65-13 E 65FT TO SW COR OF TR CONVYD TO F SHULAR BY D UNDER AUD FILE 408512 TH NELY & NLY ALG WLY OF SD TR 90FT TH WLY 115FT TAP 75FT NLY OF POB TH SLY TO POB EXC STATE HWY

Assessor Parcel/Tax I.D. Number:

350926-0-025-0001 P44718

SKAGIT COUNTY PLANNING & PERMIT CENTER
200 WEST WASHINGTON STREET • MOUNT VERNON, WA 98273
INSPECTIONS (360) 336-9306 • OFFICE (360) 336-9410 • FAX (360) 336-9416

PL#:_____
Issued Only if Independent Project

Date Received

LOT OF RECORD REVIEW *(Effective 9-1-03)*

Parcel Number: P44718

1. Verification Requirement(s):

☐ **Requirement(s) for Lots platted *after* June 1, 1965**

Short Plat#: *(Most Recent)* _____ **Lot #:** _____
Plat Name: *(If Known)* _____
Year: _____

☐ Current lot matches the original configuration

☐ Plat Map Attached – *(Full size not necessary)*

or

2. Waiver Requirements (s):

☐ **Requirement(s) for additions to existing structures or accessory**

☒ Existing building ***prior to July 1, 1989***. (*attach proof*)
e.g. Assessor's value history
or
Building permit #: _____
or
Current/Installed Septic permit #: _____
or
Lot Certification #: _____

200402170212
Skagit County Auditor
2/17/2004 Page 2 of 2 1:59PM

Approved:

Y X : YOU MUST RETAIN THIS DOCUMENT AND ATTACHMENT(S) IF NO PL# ISSUED

N_____: Reason Denied: _____

Authorized Staff Signature: Grace Roeder Date: 1/22/2004

Printed Name & Title Grace Roeder, Associate Planner

☐ **Waiver and/or Verification Noted in Computer system in Parcel Screen**