



201204020117  
Skagit County Auditor

4/2/2012 Page 1 of 2 12:34PM

After recording, return to:

RUTH G. GALE  
PO BOX 222A  
ANACORTES, WA. 98221

**ACCESSORY DWELLING UNIT COVENANT &  
CERTIFICATE OF OWNER OCCUPANCY**

**OWNER** RUTH G. GALE

**Associated Reference Numbers:** N/A  
**Property Address:** 1305 11<sup>th</sup> Street  
**Assessors Parcel Number:** P55584  
**Legal Description:** LOTS 1, 2 AND 3, BLOCK 96, ANACORTES  
RECORDED IN VOLUME 2 OF PLATS, PAGES 4 TO 7,  
RECORDS OF SKAGIT COUNTY WASHINGTON

I, the undersigned, have attained approval for an accessory dwelling unit (ADU) at the property address above, in accordance with the provisions of Chapter 17.10 (Accessory Dwelling Units) of the Anacortes Municipal Code. I certify that, as the owner of the subject property, I will occupy either the principal residence or the accessory dwelling unit as my permanent and principal residence.

I agree and understand that it is my responsibility to notify all future property owners or long term lessors of the subject lot that the existence of the accessory dwelling unit is predicated upon the occupancy of either the accessory dwelling unit or the principal dwelling by the person to whom the accessory dwelling unit permit has been issued. Additionally, I will notify all prospective buyers of the limitations on use and maintenance of the ADU as stipulated in Anacortes Municipal Code (AMC) Sections 17.10.170 & 17.10.180 (Accessory Dwelling Units).

Finally, I agree that it is my responsibility to notify a prospective buyer of the limitations of the above-referenced AMC sections, and to provide for the removal of improvements added to convert the premises to an accessory dwelling unit and the restoration of the site to a single family dwelling in the event that any condition of approval is violated.

Property Owner Signature: Ruth Gale

Print Name: RUTH GALE

Date: 2nd Apr 2012

STATE OF WASHINGTON)

COUNTY OF SKAGIT)

I certify that I know of or have satisfactory evidence that Ruth Gale \_\_\_\_\_  
signed this instrument and acknowledged it to  
be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Notary's pressure seals must be smudged.

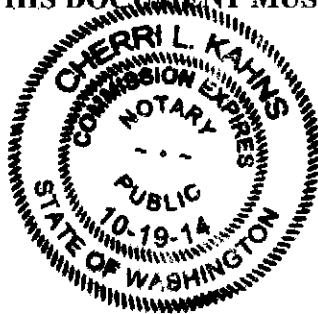
Dated: April 2, 2012

Signature of Notary Public: Cheri Kohns

Residing at: Mount Vernon WA

My Appointment Expires: 10-19-14

THIS DOCUMENT MUST BE RECORDED WITH THE SKAGIT COUNTY AUDITOR



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