Return Name & Address:	201609060129			
P.O. Box 511	Skagit County Auditor \$74.00 9/6/2016 Page 1 of 2 1.00pm			
4/26 Cota CA 95992	9/6/2016 Page 1 of 2 1:09PM			
4034 614 64 45112				
TITLE NOTIFICATION -	SPECIAL FLOOD HAZARD AREA			
	nt to SCC 14.34.110			
Grantor/Property Owner: Wilbur Ellis Comp				
	Services Legal Description: Sec 7 Twp 34 Range 3			
Property I.D. #: P21190 Tax Acce	unt #: 340307-0-029-0007			
Parcel Address or Location: Bayview Ed	ison Road PD16-0065			
Flood Hazard Zone: A7 Firm Panel #:	ison Road FD16-0065 530151 0250 C SD16-0579			
Base Flood Elevation: 8 M.S.L. or DEPT				
Rate Map (FIRM) as adopted by Skagit Cou hazards caused by flooding. The Flood Disa insurance Reform Act of 1994 mandate the Federally related financial assistance for acc	chair Flood Hazard Area" as identified on the Flood Insurance into and may be subject to periodic flooding and other ster Protection Act of 1973 and the National Flood purchase of flood insurance as a condition of Federal or quisition and/or construction of buildings in Special Flood the National Flood Insurance Program (NFIP) thereby nce.			
determined to be in violation of state or local covered by flood insurance nor can an existi	nents to structures are subject to Skagit County Building Flood Damage Prevention Ordinance Title 14. Any building floodplain management regulations or ordinances cannot be ng policy be renewed where violations occur. The Skagit maintains information related to state and local regulations, es and in some cases potential flood depths.			
Property Owner's signature:	9/2/16 (
On this day personally appeared before me_individual(s) described in and who executed the	to me known to be the ne within and foregoing instrument, and acknowledged that ree and voluntary act and deed, for the uses and purposes			
Given under my hand and seal of office this _	day of			
Please see attached page	Notary Public residing at			
for Acknowledgement/Jurat	My Commission Expires:			

					<u>.</u>	
		ACKNOWLE	EDGMENT	For: Ju notifie		nd
certificate who signs attached, validity of	oublic or other office werifies only the ided the document to and not the truthfuthat document.	entity of the individ which this certifica	ite is	Haze	ial file	2
State of Cal County of _ On	Sutter	before me,	Shalu Sood I	Notary Public		
personally a who proved subscribed his her/their	appearedto me on the basis to the within instrur authorized capacitor the entity upon by	of satisfactory evinent and acknowle	(insert nar dence to be to deed to me to his her/their	ne and title of the he person(s) who hat he/she/they e signature(s) on th	se name(x) is/are xecuted the same e instrument the	
	er PENALTY OF P s true and correct.	ERJURY under the	e laws of the	State of California	a that the foregoin	g
WITNESS r	ny hand and officia	l seal.	(Seal)	No	SHALU SOOD Comm. #2079547 tary Public · Californ Yolo County nm. Expires Aug 26, 20	¥
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