## 201806250013 0B/25/2018 08:54 AM Pages: 1 of 2 Fees: \$100.00

When Recorded, Return To:

City of Anacortes Planning, Community, & Economic Development Department 904 6<sup>th</sup> Street / P.O. Box 547 Anacortes, Washington 98221



Accessory Dwelling Unit			
I, George Bourgue, declare that pursuant to Anacortes Municipal Code § 19.44.020, I am the landowner of tax parcel # 5651 located at 1709 12 th St. and that I am making application to create an Accessory Dwelling Unit that will be in compliance with Anacortes Municipal Code regulations stated above and listed in AMC 19.44.020, and requiring that the property owner(s) resides in the principal dwelling unit or the accessory dwelling unit.			
I hereby certify that the information on this application is true and correct and that the applicable requirements of the City of Anacortes will be met. As property owner(s), I declare that I will notify any prospective purchaser of the occupancy limitations of the Accessory Dwelling Unit as regulated by Anacortes Municipal Code. Furthermore, if any of the provisions of Anacortes Municipal Code 19.44.020 are violated, it is acknowledged that this is cause of the removal of the Accessory Dwelling Unit. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and will be addressed should a transfer of property ownership occur.			
Executed at ANACONTES, Washington this 20_18  Declarant  Declarant	22 th day of June,  Declarant		

ACKNOWLEDGEMENT		
STATE OF WASHINGTON	)	
SS.	)	
COUNTY OF SKAGIT	)	
On this 22 day of	of Tune, 20 8	, before me, the undersigned, a Notary and and sworn, personally appeared
G assess D	washington, dury commissio	to be known to be the individual
that executed the foregoing is	nstrument and acknowledged	the said instrument to be free and his/her
	eed for the uses and purposes t	
free and voluntary act and de	ed for the uses and purposes t	mentioned.
Witness my hand and officia	l seal hereto affixed the day a	nd year first above written.
Helen LPo	www	
Notary Public in and	for the State of Washington,	_
residing at Stav	1 word	
	FOR OFFICE USE ONL	Y:
Permit#:		
Section:	Township:	Range:
Signature:		Date:

