

Return Address:

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document **must** be filled in)

1. _____ 2. _____
3. _____ 4. _____

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document

Grantor(s) Exactly as name(s) appear on document

1. _____, _____
2. _____, _____
Additional names on page _____ of document.

Grantee(s) Exactly as name(s) appear on document

1. _____, _____
2. _____, _____
Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number

Assessor Tax # not yet assigned

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

CITY OF COVINGTON
Community Development
16720 SE 271st Street • Suite 100 • Covington, WA 98042
Phone: (253) 480-2400 • Fax: (253) 480-2401
www.covingtonwa.gov

NEIGHBOR CONSENT FORM

Permit/Project Number: _____ Parcel Number: _____

Street Address: _____

As adjacent neighbors to the above-stated address, I/we give my/our consent for the following to be installed or located within the five-foot interior setback area of that address. I/we have carefully reviewed the details of the proposed project and have no objections to the installation.

- Sprinkler systems, electrical and cellular equipment cabinets, and other similar utility boxes and vaults
- Security system access controls
- Structures, except for buildings, associated with trails and on-site recreation spaces and play areas required by CMC 18.35.150 and 18.35.170, such as benches, picnic tables, and drinking fountains
- Surface water management facilities as required by Chapter 13.25 CMC

Signed this ___ day of _____, 20___, at _____, _____.

City

State

Signature

Signature

Printed Name

Printed Name

State of Washington)
County of King) ss.

State of Washington)
County of King) ss.

I certify that I know or have seen satisfactory evidence that _____ signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

I certify that I know or have seen satisfactory evidence that _____ signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated this ___ day of _____, 20___.

Dated this ___ day of _____, 20___.

Printed Name:

Printed Name:

Notary Public in and for the State of Washington
My appointment expires: _____

Notary Public in and for the State of Washington
My appointment expires: _____

(Notary Seal or Stamp)

(Notary Seal or Stamp)