



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

S-403

CRITICAL AREA NOTICE Rev. 02/14

Permit/Project Number: _____ Parcel Number: _____

Street Address: _____

The above-named property contains critical areas and /or critical area buffers, as defined by the City of Covington Critical Areas Ordinance, CMC 18.65. The provisions of the Critical Areas Ordinance apply to this property. Limitation may exist on the actions in or affecting the critical areas or their buffers present on this property. For further information regarding such limitation, please contact the Community Development Department of the City of Covington or its successor agency. This notice shall run with the land and shall not be removed except upon written authorization recorded herein by the City of Covington.

I/We declare under penalty of perjury under the laws of the State of Washington that I am/ we are the legal owner(s) of the above-named property.

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

Notary Public in and for the State of Washington

My appointment expires: _____

My appointment expires: _____

(Notary Seal or Stamp)

(Notary Seal or Stamp)