



Critical Area Notice

(Recorded with County Auditor's Office)

PF-01
FORM

Community Development Department

501 N. Anderson, Ellensburg, WA 98926 (509) 962-7239 (Building) (509) 962-7231 (Planning) permits@ci.ellensburg.wa.us

The Critical Area Notice form must be notarized and recorded with the County Auditor's Office located in the Kittitas County Courthouse at 205 W 5th Ave. Once the form has been recorded, you must return a copy of the recorded copy to the City's Community Development Department. This must be completed before any final inspection(s) or Certificate of Occupancy will be issued.

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 Ellensburg Critical Areas Ordinance, Chapter 15.600 ECC. The provisions of the Critical Areas Ordinance apply to this property. Limitation may exist on 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 Ellensburg 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 Ellensburg.

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 _____)
) ss.
County of _____)

State of Washington _____)
) ss.
County of _____)

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

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

(Notary Seal or Stamp)

(Notary Seal or Stamp)