

**WHATCOM COUNTY**  
Planning & Development Services  
5280 Northwest Drive,  
Bellingham, WA 98226-9097  
360-676-6907, TTY 800-833-6384  
360-738-2525 Fax



**J.E. "Sam" Ryan**  
Director

## Conditional Use Permit Transfer Request

Files #: CUP\_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Parcel Number \_\_\_\_\_

WHEREAS, Whatcom County Code 20.84.210 state in part: "Conditional use permits shall be nontransferable unless said transfer is further approved by the Hearing Examiner."

And:

WHEREAS I/we \_\_\_\_\_, being duly sworn on oath, do hereby  
Transferor(s)  
affirm that I/we am/are the holder(s) of the below-described permit; and further do propose  
to transfer all rights and interests in said permit designated file number CUP\_\_\_\_\_ - \_\_\_\_\_ to  
\_\_\_\_\_: and  
Transferee(s)

WHEREAS I/we \_\_\_\_\_, being duly sworn on oath,  
Transferee(s)  
do hereby affirm that I/we have read the entire Conditional Use Permit, including the  
conditions of approval attached thereto, which is hereinafter described;

Description of Conditional Use Permit: \_\_\_\_\_

And further, do hereby affirm that we/I, in consideration of receiving approval from  
WHATCOM COUNTY of the instant transfer request, will abide by and conform to all of the  
conditions of approval embodied within the subject Conditional Use Permit.

\_\_\_\_\_  
Transferor (print)

\_\_\_\_\_  
Transferee (print)

\_\_\_\_\_  
Transferor (signature)

\_\_\_\_\_  
Transferee (signature)

\_\_\_\_\_  
Transferor Address

\_\_\_\_\_  
Transferee Address

This transfer is authorized upon signature of the County Hearing Examiner

\_\_\_\_\_  
Hearing Examiner Signature

\_\_\_\_\_  
Date