

After recording return to:
Whatcom County Planning
& Development Services
Natural Resources Division
5280 Northwest Drive
Bellingham, WA 98226

PROPERTY OWNER:
RELATED AUDITOR'S FILE NO:
ADDRESS:
ASSESSOR'S TAX PARCEL NUMBER(S):
LEGAL DESCRIPTION (use legal description from current deed):

NOTICE OF SHORELINE CRITICAL AREAS AND RESTRICTION ON USE OR ALTERATION

This property contains critical areas, protective buffers and/or mitigation as defined by Chapter 23, Whatcom County Code and as identified on the attached map. The critical area(s) on the site were identified in association with a development proposal under permit number _____.
Review of such applications has provided information on the location of the identified critical areas and restrictions on use. Limitations on actions in or affecting the critical area and/or buffer exist. Restrictions on uses within the critical area exist until such time as the Shoreline Administrator approves a change in restriction and such approval is filed. Restrictions on use are identified below. This notice shall not be construed as a complete disclosure of all critical areas and associated restrictions that may apply to future use and/or development of the subject property.

Restrictions on use:

All activities conducted within the mitigation area, critical area, and/or buffers shall comply with the Whatcom County Shoreline Management Program and requires the approval of the Shoreline Administrator. Restrictions on use include but are not limited to:

- Clearing, grading, dumping, excavating, discharging or filling with any material
- Constructing, reconstructing, demolishing, or altering the size of any structure or infrastructure.

- Any other activity for which a County permit is required, excluding permits for interior remodeling

_____ Signature of Applicant	_____ Signature of Owner
_____ Print Name	_____ Print Name
_____ Date	_____ Date

I certify that I know or have satisfactory evidence that _____
is/are the person(s) who appeared before me, and said person(s) acknowledged it to be
his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Signature: _____

Printed Name: _____

Residing at: _____

My appointment expires: _____ / _____ / _____