



801 - 228th Avenue SE • Sammamish, WA 98075 • Phone: 425-295-0500 • Fax: 425-295-0600 • web: www.ci.sammamish.wa.us

PERMIT NUMBER								
P	R	A	-	0	0	3	3	4

Acceptance of Financial Responsibility for Project Fees

Project Address:	Segment B is approximately 3.5 miles, extending from SE 33rd Street to just north of Inglewood Hill Road in Sammamish, WA
Parcel Number #:	292506-9007, 322506-9015, 062406-9013, 072406-9004, 406510-0005, 406510-0011, 072406-9033, 072406-9036, 072406-9040, 072406-9039, 072406-9119, and 082406-9214
Property Owner:	King County Department of Natural Resources and Parks

PERSON TAKING FINANCIAL RESPONSIBILITY FOR PAYMENT

Name:	Gina Auld
Company Name (if applicable):	King County Department of Natural Resources and Parks
Address:	201 South Jackson Street, Suite 700
City/State/Zip:	Seattle, WA 98104-3855
Phone:	(206) 724 -1296
Email:	Gina.Auld@kingcounty.gov

Person taking financial responsibility:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Owner | <input type="checkbox"/> Developer | <input type="checkbox"/> Rezone Petitioner |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Seller | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Contract Purchaser | |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Lessor/Lessee | |

PERSON TAKING FINANCIAL RESPONSIBILITY FOR PAYMENT

I, Gina Auld, as a representative of King County Department of Natural Resources and Parks, declare under penalty of perjury under the laws of the State of Washington that I am the person taking financial responsibility of payment on behalf of King County of the above referenced property/project and that the information provided herein is correct and complete. I will pay all permit fees for the above project, regardless whether the permit is issued or whether the application is canceled before permit issuance. If my address changes at any time before the City of Sammamish has received full payment for all fees billed or owing, I will immediately notify the City of Sammamish of the new address. I understand that there may be hourly or other review fees that accrue during review or prior to closing the permit that are above the minimum permit fee paid at time of application. I will be responsible for any and all additional fees.

Signed this 12th day of October, 2016 at Issaquah, WA
City State

By: Gina Auld

Exhibit 11 (Signature)
SSDP2016-00415
000230