

CONCURRENCY TEST DEFERRAL AFFIDAVIT

ABOUT THE CONCURRENCY TEST DEFERRAL AFFIDAVIT

Sammamish Municipal Code 14A.10.020(1) requires (with some exceptions) applicants requesting a Comprehensive Plan Site-Specific Land Use Map Amendment or Zone Reclassification to either apply for a Certificate of Concurrency or submit a Concurrency Test Deferral Affidavit.

This affidavit form is to be completed by applicants and submitted with their application (as relevant). The affidavit acknowledges that a Concurrency Test is required but that it will be completed at a later time.

Submittal Instructions

Complete & save this form before uploading it to MyBuildingPermit.com in the "File Upload" section along with the rest of the submittal documents.

Code Reference

Application for Certificate of Concurrency
[SMC 14A.10.020\(1\)](#)

Questions?

[Submit Project Guidance](#)
[Visit the Permit Center](#)

City of Sammamish
801 228th Ave SE
Sammamish, WA 98075
www.sammamish.us

CONCURRENCY TEST DEFERRAL AFFIDAVIT



AFFIDAVIT

Notary is required for this affidavit.

The undersigned, being first duly sworn on oath deposes and says

- A. I am/We are over the age of eighteen (18) years and competent to be a witness herein.
- B. I/We have applied for a

_____ (application type)
from the City of Sammamish, Washington for the following property or properties:

Property Address(es): _____

Parcel Number(s): _____

- C. I/We hereby declare and affirm that I/we elect to defer the Concurrency Test required by Chapter 14A.10 of the Sammamish Municipal Code for the above listed property/properties until a later time.

I/We understand and acknowledge that the above listed property will be subject to the Concurrency Test and successful receipt of Concurrency Certificate as provided in SMC14A.10 before any development permit may be applied for.

I/We also understand and acknowledge that the City of Sammamish’s issuance of a Map Amendment or Zone Reclassification without a Concurrency Test creates no “vested rights” or other rights to develop the subject property.

I/We certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Name: _____ Signature(s): _____ Date: _____

Applicant Name: _____ Signature(s): _____ Date: _____

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WASHINGTON NOTARY ACKNOWLEDGEMENT

STATE OF WASHINGTON

County of King

Signed and sworn to/affirmed before me on _____
(date)

by _____
(name(s) of individual(s) making statement)

(Signature of Notary Public)

(Title of Office)

(Stamp)

My Commission Expires: _____