



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

PERMIT NUMBER							
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Affidavit of Impact Fee Deferral

Parcel No: _____

I/We, _____ hereby certify that I am/We
 are the legal owner(s) of the Property described as _____

I/We understand that:

- 1) This amount is due and owing to the City at a) final inspection, b) the closing of the first sale of the property occurring after the issuance of the applicable building permit. The term of the impact fee deferral granted under SMC 21.08.050(D) may not exceed eighteen (18) months from the date the building permit is issued. (Deferral Term)
- 2) I/We am responsible for payment within 30 days of Escrow closing.
- 3) I/We acknowledged this is not eligible for Over the Counter Process.

State of _____ County of _____

On this _____ day of _____, 20_____, before me, _____, the undersigned

Notary Public, _____, personally appeared and is known to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed it.

WITNESS my hand and official seal.

 Notary Public

Residing in: King County, Washington

Term Expires: _____

Property Owner: _____ Telephone No. _____

Mailing Address _____ City _____ State _____ Zip _____

Applicant _____ Telephone No. _____

Mailing Address _____ City _____ State _____ Zip _____

Signature _____ Date _____