



Department of Community Development

801 228TH AVENUE SE • SAMMAMISH, WASHINGTON 98075 • TEL 425-295-0500 • FAX 425-295-0600 • WEB WWW.CI.SAMMAMISH.WA.US

AFFIDAVIT OF POSTING (TYPE II PERMITS)

STATE OF WASHINGTON)
CITY OF SAMMAMISH) ss

Applicant's File No. and Name

I, Laura Gates, posted the SSDP2016-00415

(Name)

(Type of Notice) APRIL

10TH

as identified by the attached copy, on the day of, 2017,

in accordance with City of Sammamish Municipal Code requirements.

EASTLAKE SAMMAMISH TRAIL-SEGMENT 2B

Location of Sign (Address)

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

Handwritten signature of Laura Gates

Signature

Handwritten date 04/10/2017

Date

Laura Gates

Bellevue

Print Name

Place Signed (City)

This affidavit must be completed and returned to the City of Sammamish Permit Center within fourteen (14) days following the date of Notice of Completion of the application.

Exhibit 33 SSDP2016-00415 005299