



# Critical Area Notice

(Recorded with County Auditor's Office)

**PF-01**  
FORM

**Community Development Department**  
501 N. Anderson, Ellensburg, WA 98926 (509) 962-7239 (Building) (509) 962-7231 (Planning) permits@ci.ellensburg.wa.us

**The Critical Area Notice form must be notarized and recorded with the County Auditor's Office located in the Kittitas County Courthouse at 205 W 5th Ave. Once the form has been recorded, you must return a copy of the recorded copy to the City's Community Development Department. This must be completed before any final inspection(s) or Certificate of Occupancy will be issued.**

Permit/Project Number: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

The above-named property contains critical areas and/or critical area buffers, as defined by the City of Ellensburg Critical Areas Ordinance, Chapter 15.600 ECC. The provisions of the Critical Areas Ordinance apply to this property. Limitation may exist on actions in or affecting the critical areas or their buffers present on this property. For further information regarding such limitation, please contact the Community Development Department of the City of Ellensburg or its successor agency. This notice shall run with the land and shall not be removed except upon written authorization recorded herein by the City of Ellensburg.

I/We declare under penalty of perjury under the laws of the State of Washington that I am/we are the legal owner(s) of the above-named property.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_ State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

State of Washington )  
) ss.  
County of \_\_\_\_\_ )

State of Washington )  
) ss.  
County of \_\_\_\_\_ )

I certify that I know or have seen satisfactory evidence that \_\_\_\_\_ signed this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

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Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Printed Name:  
Notary Public in and for the State of Washington  
My appointment expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name:  
Notary Public in and for the State of Washington  
My appointment expires: \_\_\_\_\_

(Notary Seal or Stamp)

(Notary Seal or Stamp)