Return Name & Address:	200009150087 , Skagit County Auditor
	9/15/2000 Page 1 of 1 1:47:30PM
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the contract of the contract o	OTIFICATION cent to Designated Natural Resource Lands
Pursuant	to SCC 14.16.870 - BP00-1146 -
Grantor/Property Owner: MOVFON 12	20nald + Dovene
Grantee: Skagit County Planning & Permit Cente	<u>:r</u>
Property I.D. #: 109657 Legal Descri	ption: Section 1 Township 33 Range 5
Parcel Address: 949 STATERON	te 9 city: (11t. Vernon
Comp Plan/Zoning Designation: RWYOU I	veeve
(agricultural, forest or mineral resource lands of long-tent Resource Land commercial activities occur or may occur and may be inconvenient or cause discomfort to area spraying, pruning, harvesting, or mineral extraction with dust, smoke, noise, and odor. Skagit County has established no designated Natural Resource Lands, and area resinconveniences or discomfort from normal, necessary Natural Resource Lands, and area resinconveniences or discomfort from normal, necessary Natural Resource Lands, and Re	500 feet of an area designated as a natural resource land m commercial significance) in Skagit County. A variety of Natural ur in the area that may not be compatible with non-resource uses residents. This may arise from the use of chemicals; or from with associated activities, which occasionally generates traffic, olished natural resource management operations as a priority use esidents should be prepared to accept such incompatibilities, latural Resource Land operations when performed in compliance Federal law." In the case of mineral lands, application might be on, washing, crushing, stockpiling, blasting, transporting and mated NR Lands, you will have setback requirements from the compatible of the companies
	strial Forest Secondary Forest Mineral Resource Overlay
Adjacent: ☐ Rural Resource ☐ Agriculture ☐ Indus	strial Forest Secondary Forest D Mineral Resource Overlay
Property Owner's Signature	monton de la companya della companya
year of <u>ZOOO</u> be personally appeared known to me to be to	County of Skagit. On this 15 th day of April of Notary Public, efore me Tist Campus Dersonally the person whose name is subscribed to this instrument, and he/she executed it. Witness my hand and official seal:
	for the State of Washington residing at
. Mount !!	esuen My Commission Expires: 8/2/04