Return Name & Address:	
	THE RESIDENCE OF THE PROPERTY
	200212190040 Skagit County Auditor
	12/19/2002 Page 1 of 110:31AM
TITL	E NOTIFICATION
	djacent to Designated Natural Resource Lands
	ant to SCC 14.16.870
Grantor/Property Owner: JOHNSON VIRGI	NIA R
Grantee: Skagit County Planning & Permit C	enter Assessor Tax # : 4034-000-004-0008
Property I.D. #: P70111	Permit Number: BP02-1533
Legal Description: VALLEY VIEW ADD PTN	
Parcel Address: 14786 VALLEY VIEW DRIV Comp Plan/Zoning Designation: Agricultur	
	thin 500 feet of an area designated as a natural resource land
(agricultural, forest or mineral resource lands of	long-term commercial significance) in Skagit County. A variety of
	ur or may occur in the area that may not be compatible with non- se discomfort to area residents. This may arise from the use of
chemicals; or from spraying, pruning, harvesting,	or mineral extraction with associated activities, which occasionally
generates traffic, dust, smoke, noise, and odor	. Skagit County has established natural resource management ural Resource Lands, and area residents should be prepared to
accept such incompatibilities, inconveniences	or discomfort from normal, necessary Natural Resource Land
operations when performed in compliance with B	est Management Practices and local, State, and Federal law." In
the case of mineral lands, application might be crushing stockpilling blasting transporting and	made for mining-related activities including extraction, washing, recycling of minerals. If you are adjacent to designated Natural
Resource Lands, you will have setback requireme	nts from designated NRL lands consistent with SCC 14.16.810.
Within: Rural Resource X Agriculture Ind	ustrial Forest Secondary Forest Mineral Resource Overlay
Adjacent: Rural Resource Agriculture Ind	ustrial Forest Secondary Forest Mineral Resource Overlay
() (SS10 N () () ()	
	s Signature Mainia K. Johnson
	gton, County of Skagit. On this State day of Oceanier year of
I ADA I hato	re me Michelle L. Belanger

Virgina R. Johnson personally know to be the person whose name is subscribed to this instrument, and

acknowledged that he/she executed it.

OF WASHING

Witness my hand and official seal:
Notary's Signature

of Washington residing at D4 VCM

personally known to me

Notary Public in and for the State
My Commission Expires: