

Substandard Lot of Record Certification Form

	PL#:					
		Date Received				
re	Review for development on a lot of record that does not meet the equirements of Skagit County Code pursuant to 14.16.900.850(4)).				
1.	Applicant Name					
2.	Parcel ID#:	-				
3.	Adjoining parcels under same ownership:					
	Parcel ID#:					
	Parcel ID#:					
4.	Section Township Range Comprehensive Plan/Zoning D	esignation:				
5.	Lot Size and Dimensions:					
	Site Address:					
7.	Legal Description:					
	(Attach additional sheet if necessary.)					
3.	Please attached a full sized 18"X24" Section Map purchased from the	ne Assessor's office.				
9.	Please answer the following questions and provide supporting docume first yes, there is no need to answer further questions.	ntation as requested. After the				
	 a. Has the lot been previously certified as a legal lot of lift the answer is yes, please attach a copy of the lot certificate number 					
	b. Is there or has there been a legally placed residence If the answer is yes, please provide one of the following:	on the lot? ☐ YES ☐ NO				
	Related permit number					

	c. Is this a lot of record on which a previous development permit has been issued pursuant to Skagit County Code? ☐ YES ☐ NO										
	lf	yes,	please	note	the	number	of	the	related	permit	number(s)
•	Su The	ıbmit aı e lot of	n applicati	on for arust be co	n on-si	te soil evalunt with all o	uation	ı: Pl# _			ner review: ment permit

 This project will be routed for concurrency review. A Certificate of Capacity is required for issuance of a development permit.

<u>Or</u> submit evidence that a development permit is required as part of a compliance order to protect the public's health, life, safety, and the environment

1. Applicant			
Name			
Address			
Phone	e-mail address	Fax	
2. Owner			
Name			
Address			
Phone	e-mail address	Fax	
3. <u>Contact</u>			
Name			
Address			
Phone	e-mail address	Fax	

Return Name & A	Address			
		-		
	IG & DEVELO	PMENT		DATE STAM
	LOT OF RECORD CERTIFIC	CATION		
1800 CONTINENTAL	PLACE – MOUNT VERNON, WA	98273 - (360) 336-9410		
Applicant Name:		P	hone:	
Lot Certification	File Number: PL	-	_	
Grantee/Property	Owner's Name:			
	the information provided bs Account Number(s):	y the applicant, I hereb	y find that the	e parcel(s)
			P#	
			P#	
			P#	
Mi pui No DO	twithstanding other restrict EETS the requirements of Surposes. It is the requirements of Surposes. It is the requirement of Surposes. It is the requirement of Surposes. It is the requirement of Surposes.	SCC 14.16.850(4) and tions of Skagit County	is suitable for Code, the lot	building of record
	<u>Granto</u>	r/Skagit County Plann	ing & Develo	pment Services
Date:		Authorized Signature:		

Title: _____