

After Recording Return To:

**NOTICE ON TITLE FOR REGULATED
CRITICAL AREAS/BUFFERS PURSUANT TO TITLE 16.16**

GRANTOR: _____
GRANTEE: _____
ASSESSOR'S TAX PARCEL #(s): _____
ADDRESS: _____
LEGAL DESCRIPTION: _____

(use abbreviated legal description on first page attach additional page with full legal description from current deed):

This property contains critical areas, protective buffers and/or mitigation as defined by Chapter 16.16 and/or Chapter 23, Whatcom County Code and as identified on the attached map when required. The critical area(s) on the site were identified in association with review of a development permit. Review has provided information on the location of the identified critical areas and restrictions on use. Limitations on actions in or affecting the critical area and/or buffer exist. Restrictions on uses within the critical area exist until such time as the Technical Administrator approves a change in restriction in accordance with the Shoreline Management Program (WCC 23) and/or the Critical Areas Ordinance (WCC 16.16). Restrictions on use are identified below. This notice shall not be construed as a complete disclosure of all critical areas and associated restrictions that may apply to future use and/or development of the subject property.

Check when mitigation is present: Mitigation

Restrictions on use:

The following activities shall not be conducted within the mitigation area, critical area, and/or buffers unless approved by the Whatcom County Technical Administrator or the Whatcom County Shoreline Administrator:

- Clearing, grading, dumping, excavating, discharging or filling with any material.
- Constructing, reconstructing, demolishing, or altering the size of any structure or infrastructure.
- Any other activity for which a County permit is required, excluding permits for interior remodeling.
- Alteration of critical areas and/or buffers is prohibited except when authorized by WCC16.16.290 grazing of domestic animals with an approved farm plan.
- Otherwise use the mitigation and/or critical areas in a manner that is inconsistent with the reservation of rights and the purposes of this notice.

Signature of Owner

Signature of Owner

Print Name

Print Name

Date

Date

I certify that I know or have satisfactory evidence that _____
is/are the person(s) who appeared before me, and said person(s) acknowledged it to be
his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Signature: _____

Printed Name: _____

Residing at: _____

My appointment expires: _____/_____/_____

I certify that I know or have satisfactory evidence that _____
is/are the person(s) who appeared before me, and said person(s) acknowledged it to be
his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Signature: _____

Printed Name: _____

Residing at: _____

My appointment expires: _____/_____/_____