

NOTICE TO LANDOWNER

This Certificate of Exemption is issued pursuant to Title 16 of the Airway Heights Municipal Code and RCW 58.17. The Certificate of Exemption indicates the property as described is exempt from the State and local laws, which regulate the sale, lease or transfer of ownership of property, and is subject to the following conditions and/or findings:

1. This property may not have appropriate provisions for potable water supplies (drinking water), sanitary waste (septic tank or sewer), drainage ways, streets or roads, alleys or other public ways. The City of Airway Heights is not responsible for making provisions for the above stated items. If this property is served by a private road, the City of Airway Heights is not responsible for improving or maintaining said private road.
2. For property created via this exemption, the applicant shall file a Segregation Application with the Spokane County Assessor prior to the issuance of a building permit.
3. This Certificate of Exemption is for and shall run with the land and shall be binding upon the applicant, owner heirs, successors or assigns.
4. The use of this property must conform to AHMC Title 17.
5. The following conditions shall also apply:

SIGNATURE OF LANDOWNER

I certify that I, as owner or authorized agent have examined this document and state that the information contained herein is true and correct, and authorize the City of Airway Heights to proceed with the processing. In addition, I have read and understand the provisions contained herein and agree to comply with them. I understand that the issuance of this exemption is not intended to verify that adequate provisions have been made for drainage ways, potable water supplies, roads and sanitary waste disposal. Any subsequent approval based on this exemption shall not be construed as authority to violate or cancel the provisions of any State or local law.

Landowner Signature _____ Date _____
(Landowner must sign. Proof of ownership may be required)

STAFF USE ONLY

Parcel Information:

Township: _____ Range: _____ Section: _____ Parcel Number(s) Verified: Yes No

Comp Plan Designation: _____ Site Address Verified: Yes No

Zoning District: _____ File No _____ Date Rec'd _____

City Manager:

Approved Denied Signature: _____ Date: _____

City Planner:

Approved Denied Signature: _____ Date: _____

Public Works Director:

Approved Denied Signature: _____ Date: _____