

WHEN RECORDED, RETURN TO:

City of Mercer Island  
Attn: Community Planning & Development  
9611 S.E. 36<sup>th</sup> Street  
Mercer Island, WA 98040

**AFFIDAVIT IN SUPPORT OF SINGLE-FAMILY BUILDING PERMIT**

**Grantor:** \_\_\_\_\_

**Grantee:** City of Mercer Island, a municipal corporation

**Legal Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(If not enough space, attach separate sheet labeled Exhibit A)

**Assessor's Tax Parcel ID Number:** \_\_\_\_\_

**Affidavit In Support Of Single-Family Building Permit #** \_\_\_\_\_

I, \_\_\_\_\_, am over the age of 21 years, and make the statements herein of actual knowledge.

1. The address of my property is \_\_\_\_\_, Mercer Island, WA 98040, and there is **not** an accessory dwelling unit or a duplex at this address.
2. This shall remain a single family unit, unless approved otherwise by the City of Mercer Island.
3. I will notify my prospective purchasers of the limitations of Mercer Island's Accessory Dwelling Unit regulations.
4. I understand that the City may require the removal of any accessory dwelling unit, duplex, or other multi-family unit if any of the requirements for single-family housing are violated.
5. I agree to have this document recorded with the King County Department of Records at my expense, and supply a copy to the City of Mercer Island.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Property Owner(s)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Property Owner(s)

**STATE OF WASHINGTON )**

) ss

**COUNTY OF KING )**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared before me \_\_\_\_\_ and to me know to be the individual described in and who executed the foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Washington

Printed Name \_\_\_\_\_

My Appointment Expires \_\_\_\_\_