



Planning and Community Development Department

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**AFFIDAVIT
 ATTESTING ACTUAL REHABILITATION COSTS
 FOR SPECIAL VALUATION**

I/WE _____, the undersigned,
 swear that the costs for rehabilitating the property at (address)
 _____, commonly known as (historic name)
 _____ are accurately represented in the
 enclosed Application for Special Valuation for Rehabilitating Historic Properties. The actual
 amount of rehabilitation costs incurred are \$ _____.

Signature: _____

Date: _____

Signature: _____

Date: _____

STATE OF _____)
)SS
 COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____ signed
 this instrument and acknowledged it to be their free and voluntary act for the uses and purposes
 mentioned in the instrument.

 Date

(Seal or stamp)

 SIGNATURE OF NOTARY PUBLIC

 NAME PRINTED

 TITLE

 DATE APPOINTMENT EXPIRES