Removal of Temporary Dwelling Affidavit

Clark County Community Development Building Safety and Permit Services Form revised 10/10/16

Name: _____

Address: _____

_____

_____

- □ Temporary mobile will be converted to a Permanent Storage Building (separate building permit required)
- □ Temporary mobile will be removed within six months (six month storage permit required)
- □ Temporary mobile will be converted into a guesthouse (separate building permit required, AG/FR zones require a conditional use permit)

I, _____, am □ changing / □ removing the temporary mobile home placement permit at _____. This document replaces Auditor's file number _____.

This mobile home is placed on Tax Lot #_____S-___T-___R-___Parcel #_____.

I agree to file a copy of this document with the Auditor's Office and a stamped copy, after recording, with Permit Services.

Date:_____ _____

Owner's Signature

State of Washington)

:ss _____

County of Clark) Print Name

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledge it to be their free and voluntary act for the uses and purposed mentioned in the instrument.

SUBSCRIBED AND SWORN BEFORE ME

_____

Signature Date

Notary Public in and for the State of Washington,
residing at _____, therein.
My commission expires: _____