

Removal of Temporary Dwelling Affidavit

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 purposes 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: _____

Temporary Dwelling Hardship Removal Affidavit

Revised 1/19/12



Community Development
1300 Franklin Street, Vancouver, Washington
Phone: (360) 397-2375 Fax: (360) 397-2011
www.clark.wa.gov/development



For an alternate format, contact the Clark County
ADA Compliance Office.
Phone: (360) 397-2322
Relay: 711 or (800) 833-6384
E-mail: ADA@clark.wa.gov