

Temporary Dwelling Hardship Applicant's Affidavit

Clark County Community Development - Building Safety and Permit Services

Form revised 7/15/19

This document must be printed on 8½ x 14 legal size paper. Margins must be maintained for recording purposes: 3 inches on top, 1 inch on sides and bottom.

Name: _____

Address: _____

- Over 62 years and limited income (must be related) How related: _____
(Proof of **all** income and age required)
- Medical (official letter from doctor required)
- Zoning allowed (must be related)
How related: _____
- Caretaker, hired-hand or other similar full-time employee in connection with agricultural or related use of the premises (Affidavit describing job duties)

I, _____, am applying for the temporary mobile home placement permit with Clark County Permit Services. The mobile home will be used as a temporary hardship for _____.

This permit is being issued only upon meeting certain criteria, which I have sworn, under oath, are true or exist. I understand the placement permit will be valid for two (2) years only. At the end of the two-year period this permit may be reviewed. If all the requirements of the original permit can still be met, the permit may then be renewed for two more years.

This mobile home is placed at 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: _____

State of Washington)

:ss

County of Clark)

Owner's Signature

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: _____