



Okanogan County Public Health

<http://okanogancounty.org/ochd/index.html>

1234 South 2nd Avenue
P.O. Box 231
Okanogan, WA 98840
(509) 422-7140
TDD (800) 833-6388

Sixty (60) Day Occupancy Notice procedure

Please complete the Sixty Day Occupancy notice and **be sure to sign in the presence of a Notary Public.**

Once the form has been completed, **it will need to be filed with the Okanogan County Auditor's office** (Their address is P.O. Box 1010, Okanogan, WA 98840). There is a filing fee of \$62.00 and checks should be made payable to: Okanogan County Auditor.

After filing the 60 Day Occupancy notice at the Auditor's office, **you will need to send a photocopy of the recorded form back to our office** (Public Health, PO Box 231, Okanogan, WA 98840) **with the completed On-site Sewage application and fee.** Retain the original recorded form for your records. Checks for On-site Sewage applications are payable to: Okanogan County Public Health.

If you have questions, please call Sharon Smith at (509) 422-7145.

Return To:

Assessor's Tax Parcel Number

Telephone (required)

SIXTY (60) DAY OCCUPANCY NOTICE

I, _____, am the owner of the property described as Parcel # _____, located in the _____ 1/4 of the _____ 1/4, Township _____, Range _____, Section _____ in Okanogan County. The structure on this property is a recreational cabin without an approved water supply, which is intended to be occupied for not more than 60 days per year. **The state and county requirements for water adequacy for a residential structure have not been met.**

Signature: _____

STATE OF WASHINGTON)
 (ss.
County of Okanogan)

On this day personally appeared before me _____, to me known to be the individual _____ described in and who executed the within and foregoing instrument, and acknowledged to me that _____ signed the same as _____ free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on _____, 19____.

Notary Public in and for the State of
Washington, residing at _____

My Commission Expires: _____