



# Okanogan County Public Health

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

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

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## Sixty (60) Day Occupancy Notice procedure

Please complete the Sixty Day Occupancy notice and then have it Notarized by a Notary Public, **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 \$72.00** 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.

For questions call (509) 422-7140

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 \_\_\_\_\_, 20\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_