Sixty (60) Day Occupancy Notice procedure

1. Please complete the Sixty Day Occupancy notice
2. Sign in the presence of a Notary Public.
3. Record completed form with the Okanogan County Auditor at:

   149 3rd Ave N. Room 104; or P.O. Box 1010, Okanogan, WA 98840.
   There is a filing fee (call 509-422-7240 for amount).
   Checks should be made payable to: Okanogan County Auditor.

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 (call 509-422-7240 for amount) 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: (509) 422-7140.
SIXTY (60) DAY OCCUPANCY NOTICE

I, ________________________________________, am the owner of the property described as Parcel #____________________, located in the ______ ¼ of the __________ ¼, Township _____, Range _____, Section _____ in Okanogan County. The structure on this property is a recreational cabin without a water supply, which is intended to be occupied for not more than Sixty (60) days per year. The state and county requirements for water adequacy for a residential structure have not been met.

Signature: ______________________________

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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 he/she/they signed the same as his/her/their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on ________________, 20____.

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

My Commission Expires: ______________