

Return a copy to:

Document Title: Declaration of Owner Occupancy
Grantor(s):
Grantee(s) Public
Legal Description:
Reference No of Documents Affected:
Tax Account No(s):

DECLARATION OF OWNER OCCUPANCY

I/WE, _____, am/are the owner(s) of
the single family residence at _____ with property tax
account number _____.

For as long as the attached or detached accessory apartment exists, I/we will occupy a dwelling unit at
this address.

In the event the Department of Planning & Development Services (PDS) receives information calling into
question this owner-occupancy declaration, a renewal of this declaration shall be submitted to PDS upon
request.

I/We understand that within 30 days of a sale or transfer of the property, the new property owner(s) shall
record a Declaration of Owner Occupancy with the county auditor and a copy shall be filed with PDS.

I/We understand that providing false guarantee or failure to maintain owner occupancy shall result in code
enforcement actions against the property and revocation of permits set forth in Chapter 30.85 SCC.

I/We certify under penalty of perjury under the laws of the State of Washington that the foregoing
statements are true and correct.

Date

Signature

Date

Signature

STATE OF WASHINGTON)
)
COUNTY OF SNOHOMISH)

On this ____ day of _____, 20____, personally appeared _____
_____ and acknowledged to me that
he/she signed the above and foregoing declaration as a free and voluntary act for the
uses and purposes therein mentioned.

Given under my hand and official seal the day and year last above written.

NOTARY PUBLIC in and for the State of Washington
residing at: _____
Commission expires: _____

STATE OF WASHINGTON)
)
COUNTY OF SNOHOMISH)

On this ____ day of _____, 20____, personally
appeared _____ and
acknowledged to me that he/she signed the above and foregoing declaration as a free
and voluntary act for the uses and purposes therein mentioned.

Given under my hand and official seal the day and year last above written.

NOTARY PUBLIC in and for the State of Washington
residing at: _____
Commission expires: _____