



**CITY OF OAK HARBOR**  
*Development Services Department*

**Application Form**

**Project Name:**

**Type(s) of Application:**

**Accessory Dwelling Application**

**Description of Proposal:**

<b>APPLICANT NAME/CONTACT PERSON</b> (or legal representative):	Address:
E-mail Address:	Phone and Fax:
<b>PROPERTY OWNER NAME</b> (list multiple owners on a separate sheet):	Address:
E-mail Address:	Phone and Fax:
<b>ENGINEER/SURVEYOR:</b>	Address:
E-mail Address:	Phone and Fax:
<b>PROJECT SITE INFORMATION</b> (address/location):	Comp. Plan Designation:
Zoning:	Parcel Number(s):
Legal Description (attach separate sheet):	Acreage of Original Parcel(s):
Section/Township/Range:	Total Square Footage of Proposed Building or Number of Units:

**AUTHORIZATION:**

The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient cause for denial of the request.

I declare under penalty of the perjury laws that the information I have provided on this form/application is true, correct and complete.

**Authorized Signature**

**Date**

After Recording Return To:

City of Oak Harbor  
865 SE Barrington Drive  
Oak Harbor, WA 98277

## Affidavit

State of Washington  
County of Island

\_\_\_\_\_ and \_\_\_\_\_, after first being by me duly sworn, does hereby declare the following:

1. I/We am the owner(s) or contract purchaser(s) of the property described as parcel number \_\_\_\_\_, records of Island County, Washington. The legal description for the parcel is found at the bottom of this page or attached as page \_\_\_\_\_ of this affidavit.
2. I/We applied for and received approval from the City of Oak Harbor, through Building Permit No. \_\_\_\_\_, to add an accessory dwelling unit as an accessory use to a single family residence principal use ("principal dwelling unit") on the property described in Section 1.
3. I/We certify under penalty of perjury under the laws of Washington that I/We will reside in the principal dwelling unit of the accessory dwelling unit for at least seven months during each calendar year, and at no time receive rent for the dwelling unit that I/we occupy.
4. I/We understand that I/We will provide notice to future owners that use of the accessory dwelling unit is predicated on said owner occupying either the primary residence or the accessory dwelling unit and that failure to abide by the regulations governing accessory dwelling units will result in an order to restore the property to a single family residence only.
5. I/We understand that this affidavit runs with the property described in Section 1, and may be removed only with the consent of the City of Oak Harbor.

**AUTHORIZATION:**

I declare under penalty of the perjury laws that the information I have provided on this form/application is true, correct and complete.

Authorized Signature	Date
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Perjury: Perjury is a class C felony which is punishable by imprisonment in a state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand (\$5,000.00) or by both imprisonment and fine (RCW9A.20.020(IC)).**

Legal Description: \_\_\_\_\_

State of Washington  
County of \_\_\_\_\_

(Seal)

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