

**Snohomish County
Planning & Development Services**

**APPLICATION FOR ANNUAL RENEWAL
TEMPORARY DWELLING FOR RELATIVE**

Please return this form along with the Physicians Statement and Renewal Fee to:
Snohomish County Planning & Development Services, 3000 Rockefeller Avenue, M/S 604, Everett, WA 98201

Name of Applicant(s) _____

Address of Applicants(s) _____

Name of Property Owner(s) _____

Name and Contact Number of Onsite Relative(s) Providing Care:

Name of Person(s) Requiring Care: _____

Property Tax Account # _____

Temporary Dwelling Permit # _____

Related Mobile Home (MH) Permit # _____

(I) (We) declare under penalty of perjury that the above-named person(s) requiring care are relatives by blood or marriage to the above-named person(s) providing care. Also, that it is necessary that such person(s) requiring care receive from the caregiver continuous care and assistance necessitated by advanced age or infirmity.

(I) (We) further declare and agree that such use of the property shall terminate at such time as the need no longer exists, and that (I) (We) comply and will continue to comply with the above-mentioned Temporary Dwelling/Administrative Conditional Use Permit and Snohomish County Codes.

Name of Applicant

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