AFFIDAVIT OF DWELLING CONDITION FOR REPLACEMENT OF A LAWFULLY ESTABLISHED DWELLING

As an applicant for replacement of an existing dwelling, I/we certify the following information is true to the best of my personal knowledge and belief:

The dwelling that is or was located at		, Baker
County, Oregon, has, or formerly had: (Please initial each)		
(Fieuse illitiul euch)		
a) Intact exterior walls and roof structure;		
b) Indoor plumbing consisting of a kitchen sink, toilet ar sanitary waste disposal system;	nd bathing facil	ities connected to a
c) Interior wiring for interior lights;		
d) A heating system;		
Furthermore, I/we acknowledge:		
e) The dwelling was assessed as a dwelling for purposes previous five property tax years, or, if the dwelling has e from that time.		
f) The dwelling to be replaced shall be remove allowable nonresidential use within one year after certified for occupancy pursuant to ORS 455.055; and		
g) I/we must cause to be recorded in the deed records of dwelling to be replaced has been removed, demolished	-	statement that the
State of Oregon) County of Baker) ss		
Ву:		
Signature Address:		Date
- Dur		
By:Signature Address:		Date
Signed or attested before me thisday of	, 2	by the above named
Notary Public for Oregon		
My Commission Expires 2		