

Yamhill County

DEPARTMENT OF PLANNING AND DEVELOPMENT

525 NE 4TH STREET ! McMinnville, Oregon 97128

Phone:(503) 434-7516 ! Fax:(503)434-7544 ! Internet Address: <http://www.co.yamhill.or.us/plan/>

Permit No. _____

T _____ S, R _____ W, Section _____, Tax Lot _____

Address: _____

City: _____ Zip: _____

Replacement Dwelling Agreement

I, _____ (name), understand the proposed new residence on the above referenced property is authorized **ONLY** as a replacement for an existing residential dwelling. I agree not to use this existing residence for residential purposes after the new residence is occupied. I also agree to abide by conditions listed below. By my signature below, I state that I have read, understand and agree to the terms of this agreement.

Signature of Owner: _____

Printed Name of Owner: _____

Date: _____

CONDITIONS:

1. The existing residence will not be used for residential purposes once the new residence is occupied. The existing residence being replaced will be removed, demolished or physically changed to an accessory non-residential building (i.e., barn, garage, storage, etc.), within 60 days of the occupancy of the new home. Please be aware that if the use of the existing home is changed to an accessory non-residential use, a County Change of Occupancy Permit will be required.
2. If the existing residence is a mobile/manufactured home or trailer house, it shall be removed from the property within 60 days of the date the new residence is occupied, or a County Change of Occupancy Permit shall be obtained to use the unit as a non-residential accessory building.
3. If the existing residence is retained on the property for other than residential purposes, any subsequent purchaser shall be advised, in writing, that the structure may not be used as a residence.

Please be advised that removal or conversion will be verified in the field by staff. Failure to comply will result in enforcement action by this department which can result in the imposition of civil penalties.

Staff signature: _____

Date: _____

STAFF: Attach a copy of Plot Plan Tax Lot Map