



Effective May 12, 2004, Clatsop County requires approval of a revocable permit for short term (up to 30 consecutive days) rental of residential property in the Arch Cape Rural Community Residential Zone. These rentals are limited to either a minimum period of seven nights or, if fewer than seven nights, then to no more than one rental within a seven (7) night period. These permits are processed and reviewed similar to a Type 1 Development Permit.

INSTRUCTIONS TO APPLICANT – COMPLETE THIS FORM – PLEASE PRINT CLEARLY

- Attach a completed Home Inspection Report and scaled drawing showing property lines and, including all buildings, garage spaces, driveways and any off street parking. Required for new applications or every five years for renewal applications.
- Attach completed Transient Room Tax Registration form. Attach a list, with signatures, of all owners if more than two.
- Attach instructions regarding delivery of permit if it is to be mailed to someone other than the first owner listed in our records.
- Review "Applicant's Statement" on the back of this form. Check that all information and signatures have been provided.

INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED OR PROCESSED

Property Address 31849 EAST SHINGLE MILL LANE ARCH CAPE, OR 97102
 Township 4 Range 10 Section 30CB Tax Lot 01906
 Applicant Name KATHLEEN FORD Email kford@gpvh.com
 Mailing Address 868 NORTH 2000 WEST City State Zip CLINTON, UT 84015
 Phone: Daytime 801-825-9191 Evening 801-690-1957 Cell 801-690-1957

Use additional sheets of paper for more than two property owners.

¹Owner Name KATHLEEN FORD Email kford@gpvh.com
 Mailing Address 868 NORTH 2000 WEST City State Zip CLINTON, UT 84015
 Phone: Daytime 801-825-9191 Evening 801-690-1957 Cell 801-690-1957
 Signature: [Signature] Date: 1-11-18
 If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

²Owner Name ANGENITA M. FORD Email _____
 Mailing Address 868 NORTH 2000 WEST City State Zip CLINTON, UT 84015
 Phone: Daytime 801-825-9191 Evening 801-690-1957 Cell 801-690-1957
 Signature: [Signature] Date: 1-11-18
 If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

How will you inform renters in writing of the regulations and location of parking:
RENTERS CONTRACT & HANDBOOK ON PROPERTY
 How will you inform renters of garbage removal? GUEST CONTRACT & INFO BOOKLET ON PREMISES

PARTY RESPONSIBLE AND AUTHORIZED TO ACT TO PROMPTLY REMEDY ANY COMPLAINTS:
 Agent/Manager Name KATHLEEN FORD Email kford@gpvh.com
 Mailing Address 868 NORTH 2000 WEST City State Zip CLINTON UT 84015
 Phone: Daytime 801-825-9191 Evening 801-690-1957 Cell 801-690-1957

I have read and understand the APPLICANT'S STATEMENT (See Reverse) and agree to abide by the terms.
 I have met and will continue to comply with the standards under this ordinance.
 Applicant Signature [Signature] Date: 1-11-18

APPLICANT STATEMENT

Clatsop County Community Development – Land Use Planning
800 Exchange Street, Suite 100, Astoria, Oregon 97103
Phone: (503) 325-8611 Fax: (503) 338-3606
comdev@co.clatsop.or.us www.co.clatsop.or.us

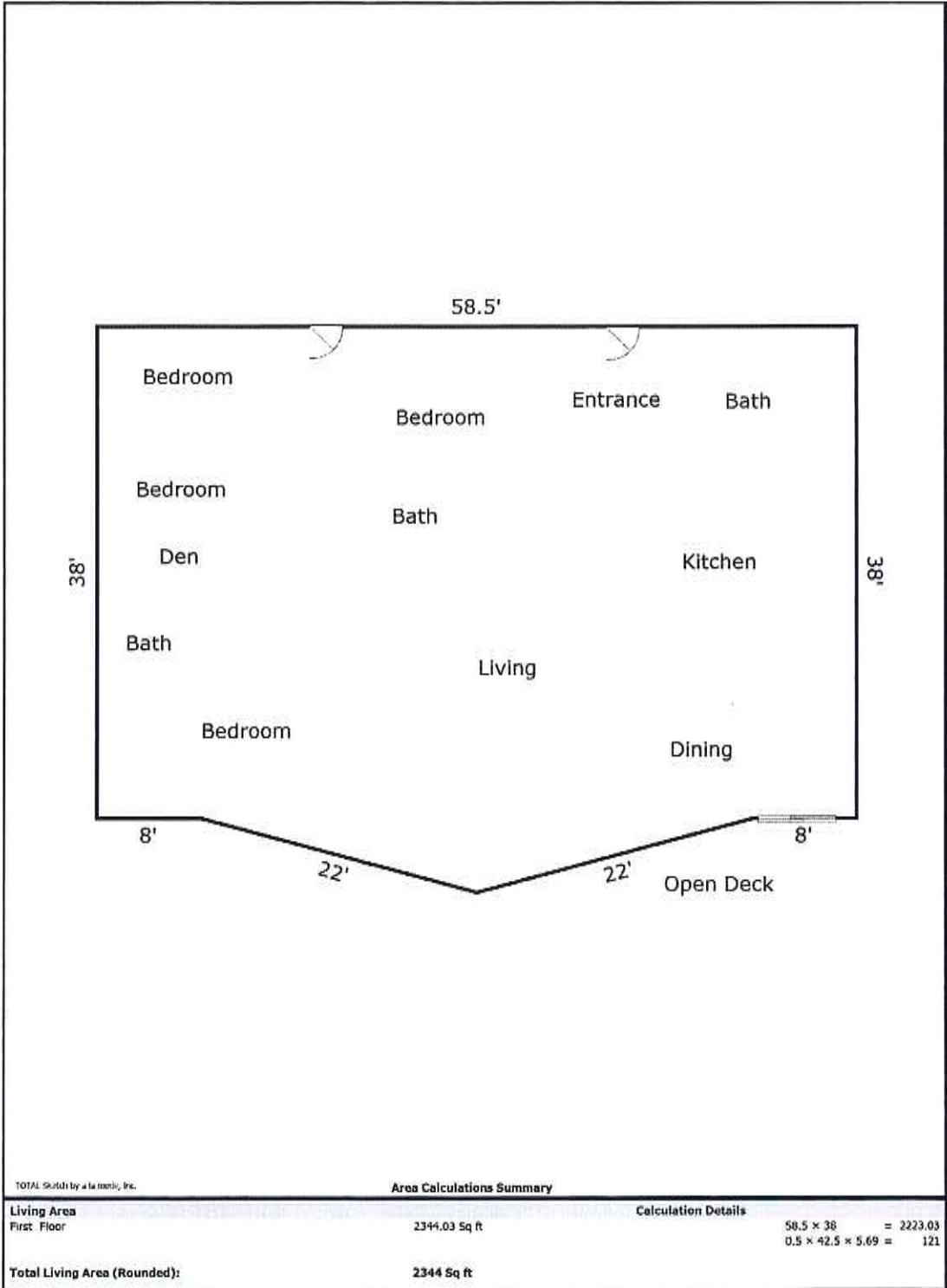
1. I declare that I am the legal owner of subject property or an authorized agent of the legal owner of record. I will obtain all necessary permits and complete any modifications required renting the subject property for a short term rental. All statements in this application are true and accurate to the best of my knowledge. I understand that if a permit is issued based on false statements, or it is determined that I have failed to fully comply with all requirements that are part of this permit, any permit approval may be revoked.
2. I will at all times fully abide by all State, Federal and local laws, rules and regulations governing my activities conducted or planned pursuant to this permit.
3. As a condition for issuing this Arch Cape Short Term Rental Permit, I agree to hold Clatsop County harmless from and indemnify the county for any liability that might arise from short term rentals of this property and for any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever, which might result from the undersigned's failure to fully abide by any of the requirements in Clatsop County Ordinance No. 03-13 and/or any other applicable law.
4. **WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD FOR ZONING AUTHORIZATIONS.** The issuance of a short term rental permit by the Clatsop County Community Development Department Director may be appealed within twelve (12) calendar days of issuance. I understand that the issuance of a permit may be reversed on appeal. I further understand that actions taken by me during the appeal period shall be at my own risk. I agree that Clatsop County is not responsible for consequences or damages in the event that the issuance of a permit is reversed in appeal.
5. I am aware that my failure to abide by Clatsop County ordinances may result in revocation of this permit or enforcement action by the County and that enforcement action may result in revocation of this short term rental permit.
6. I understand that a change in use is not authorized under this permit and may require a new Arch Cape Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).
7. I understand that any modifications to the dwelling that require a building permit also require a new inspection by a Certified Home Inspector and a new Arch Cape Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).



SUBJECT
31849 E Shingle Mill Ln
Arch Cape, OR 97102

Building Sketch (Page 1)

Borrower	Kathleen Ford		
Property Address	31849 E Shingle Mill Ln		
City	Arch Cape	County	Clatsop
		State	OR
Lender/Client	First Interstate Bank	Zip Code	97102



(Substitute)

READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM.

Accurately completing this form will assist us in establishing your account for payment processing.

1. NAME & ADDRESS

QPVH LEASING, LLC
868 NORTH 2000 WEST
CLINTON, UTAH 84015

Telephone: 801-825-9191

Fax: 801-825-7091

2. BUSINESS NAME

QPVH LEASING, LLC

Sole Proprietor: Enter your individual name as shown on your social security card in the Name & Address box. You may enter your business, trade, or "doing business as (DBA)" name on the Business Name line.

4. ORGANIZATION TYPE

You Must Check One Only. Make sure that the organization type corresponds to the tax identification number.

- Single Owner LLC
- Individual/Sole Proprietorship
- State of Oregon Employee
- Attorney-At-Law
- Corporation, except Medical Corporations
- Medical Corporation
- Medical/Health Care, not Incorporated
- Non-Profit (copy of Exemption Notice required)
- Partnership, LLC, LLP
- Trust
- Government Agency
- Local Government/Political Subdivision

State Use Only

VIO

6	Y	T
7	Y	I
1	N	E
5	Y	P
5	N	O
5	Y	N
5	Y	N
5	N	G
5	Y	T
7	Y	T
3	N	G
4	N	G

3. TAX IDENTIFICATION NUMBER (TIN)

You must provide your TIN (SSN or EIN) whether or not you are required to file a tax return. Payers must generally withhold at the current IRS backup withholding rate for taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. See back of form for applicable penalties and instructions.

20-1848185

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form and give it to the requestor. You will be subject to backup withholding on all 1099-MISC reportable payments until you provide your TIN to the requestor

5.

The number shown on this form is my correct taxpayer identification number, **and** I am a U.S. person (including a U.S. resident alien), **and**

READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE RESPONDING TO THE NEXT ITEM

Under penalties of perjury, I certify that I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

You must cross out the above paragraph if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

To sign up for direct deposit payment service and receive convenient, electronic payments, log-on to

<http://www.oregon.gov/DAS/EGS/FBS/SFMS/pages/ach.aspx>

on the internet. Click on Forms and Brochures. Then select Direct Deposit (ACH) Authorization Form

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

6. AUTHORIZED SIGNATURE

Kathleen Ford

NAME (Print or Type)

KATHLEEN FORD

TITLE MANAGER

(If representing a business/organization)

DATE 12-26-17





800 Exchange Street, Suite 100, Astoria, Oregon 97103

Phone: 503 325-8611 Fax: 503 338-3606

comdev@co.clatsop.or.us www.co.clatsop.or.us

Pursuant to Ordinance 03-13 adopted February 11, 2004, by the Clatsop County Board of Commissioners and effective May 12, 2004, an Oregon Certified Home Inspector, as defined by ORS 701.005(4), shall complete a visual home inspection. This form shall be completed by the home inspector and submitted to Clatsop County Community Development at the time the owner or agent makes an initial application for a Short Term Rental Type I Permit, or every fifth year that the permit is renewed.

This report must be completed by an Oregon Certified Home Inspector, per Oregon requirements Contact the Oregon Construction Contractors Board Home Inspection Division at (503) 378-4621 for information

THIS FORM MUST ACCOMPANY A COMPLETED PERMIT APPLICATION (NEW OR RENEWAL) PLEASE PRINT CLEARLY

Applicant name Kathleen Ford

Situs Address 31849 E. Shingle Mill Lane Legal Description T R S Tax Lot

The Home Inspector shall complete the following checklist based on a visual inspection of the building's interior.

1. SLEEPING ROOMS: The Home Inspector's report is used to determine the number of sleeping rooms. Each sleeping room shall be in a fully enclosed habitable space with a heat source and shall have an exterior exit that opens directly to the outside, or an emergency escape or rescue window.

Circle the number of rooms that qualify: 1 2 3 4 5 6 7 Please indicate the number here Four + Den

Attach a simple drawing that shows the interior layout and the location of the qualifying exits.

Comments:

2. FIRE DETECTION: There must be one functioning smoke detector/CO monitor in each sleeping room, with a minimum of two functioning smoke detectors in each dwelling unit and one functioning fire extinguisher at each exit.

Yes No Number of functioning Smoke Detectors 9 Fire Extinguishers 2 CO Monitors 9

If no, explain

3. Exterior doors are operational. All passageways to exterior doors shall be clear and unobstructed.

Yes No If no, explain

4. Electrical systems are serviceable with no visual defects or unsafe conditions.

Yes No If no, explain

5. All fireplaces, fireplace inserts or other fuel burning heaters and furnaces are vented and properly installed.

Yes No None If no or none, explain

6. PARKING: The home inspection must determine the number of off-street parking spaces. Include with this report a scaled site plan of the property lines and buildings and that includes garage spaces, driveways and any other off street parking spaces.

List the number of on-site spaces that can be made available

Inspection Company Silvertide Inspection Services Inspection Date 1-8-18

Inspector Name Stephen Schwartz CCB# 198676

Address PO Box 547 Garibaldi, OR 97124 OCHI# 887

Phone Cell 503-351-8151 Email silvertide@charter.net

Inspector Signature and Date [Signature] 1-8-2017

Additional Comments

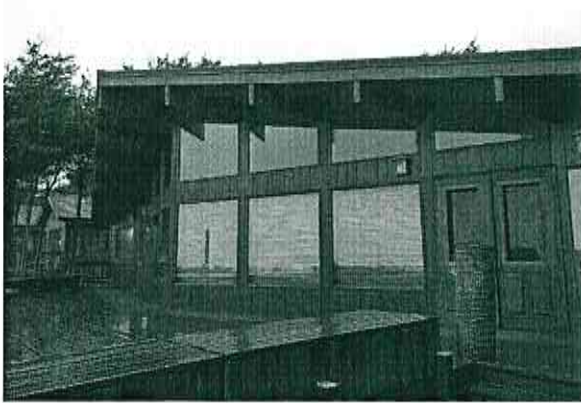
Subject Photo Page

Borrower	Kathleen Ford				
Property Address	31849 E Shingle Mill Ln				
City	Arch Cape	County	Clatsop	State	OR Zip Code 97102
Lender/Client	First Interstate Bank				



Subject Front

31849 E Shingle Mill Ln
Sales Price 1,500,000
Gross Living Area 2,344
Total Rooms 8
Total Bedrooms 4
Total Bathrooms 3.0
Location B;Oceanfront;
View B;Ocean;
Site 10890 sf
Quality Q3
Age 28



Subject Rear



Subject Street



Receipt

This is not a Permit

Clatsop County Community Development
800 Exchange St Ste 100
Astoria, OR 97103

Ph. (503) 325 - 8611 Fax (503) 338 - 3606

Permit #: 20180027
Permit Type: Type I
Entry Date: 1/11/2018
Entered By: Julia Decker
Assigned To:
Permit Status: Entered

User	Status	Date
Julia Decker	Entered	01/11/2018

Proposed Use

Proposed Use: **Short Term Rental**

Zone: **AC-RCR**

Description: Short Term Rental - Arch Cape

Overlay District: **FHO , GHO**

Owner/Project Location

Owner: Name: **Ford Kathleen & Ford Angenita M**

Ph. #: (801) 825-9191

Address: 1152 W Shepard Lane

Cell: (801) 690-1957

City, State, Zip: Farmington, UT 84025

Fax: () -

Site Address: 31849 E Shingle Mill Ln T R S Q S Qq S Taxlot

City: Arch Cape State: OREGON 4 10 30 C B 01906

Applicant/Agent

Applicant: Name: Ford Kathleen
Address: 1152 W Shepard Lane
City, State, Zip: Farmington, UT 84025

Ph. #: (801) 825-9191

Cell: (801) 690-1957

Fax: () -

Ph. #: () -

Cell: () -

Fax: () -

Fees

Fee Type:
Planning/Development

Permit Fee Total:

\$111.00

Total: **\$111.00**

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Ford Kathleen	Credit Card		01/11/2018	\$111.00

Balance Due: **\$0.00**

Signatures

1. For Commercial and industrial uses, include parking and loading plan, sign plan and erosion control plan.
2. For residential and other uses, include an erosion control plan.
3. Review attached applicant's statement and sign below.

I have read and understand the attached APPLICANT'S STATEMENT and agree to abide by the terms thereof.

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Agent Signature: _____ **Date:** _____

Thank you for your payment!

This service has been provided by Clatsop County Planning Department, OR and Point & Pay. We value your business. Please keep this receipt for future reference.

You have made a payment to Clatsop County Planning Department, OR . Clatsop County Planning and Development thanks you for your payment. For questions about your account, please call 503-325-8611

Name: Kathleen Ford
Address: 868 North 2100 West, Clinton UT, US, 84015
Contact: 8018259191
Comments: Short Term Rental Arch Cape Applicaiton

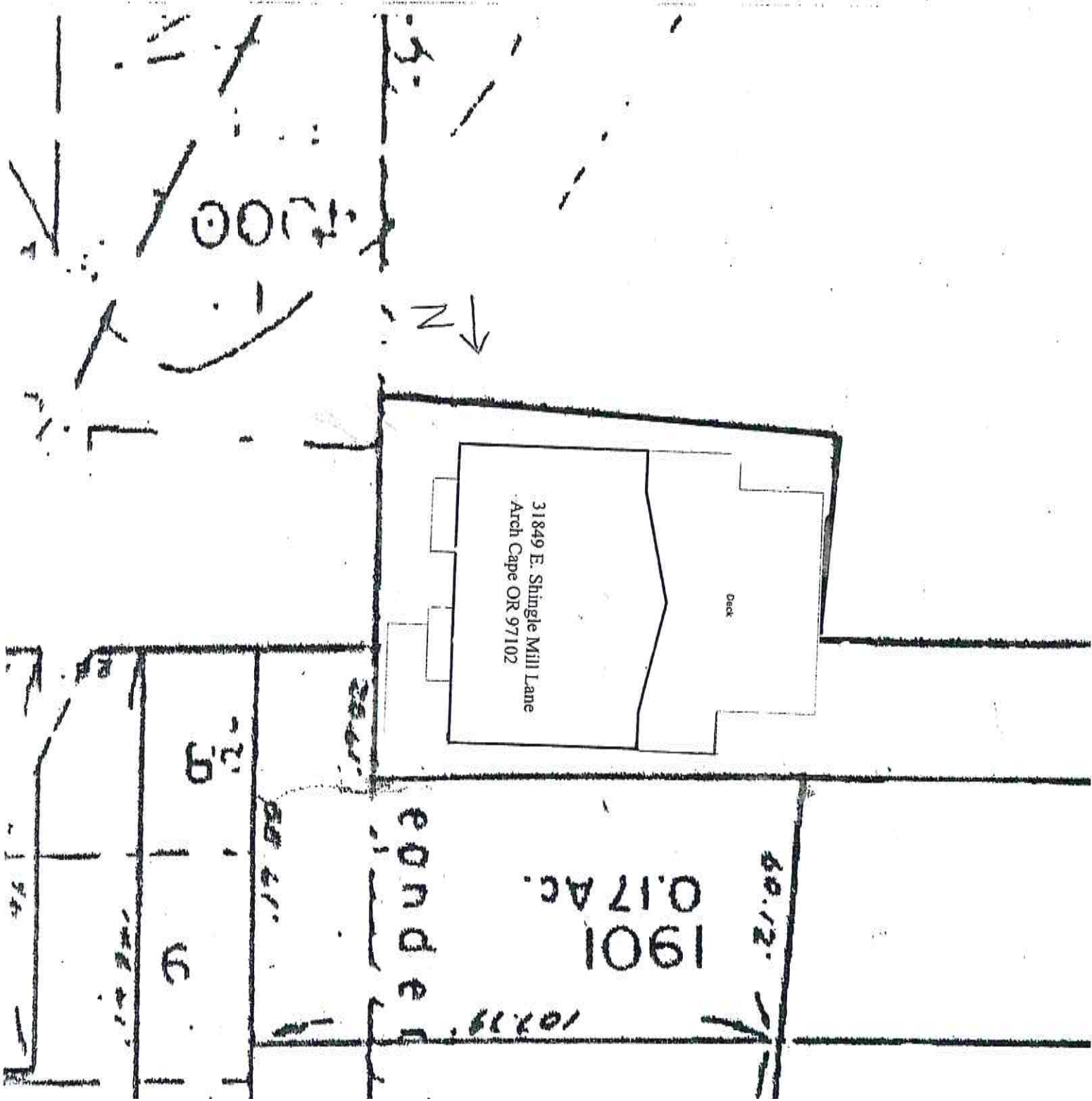
Payment ID: 39494672
Date: 01/11/18 02:29 PM
Subtotal: \$111.00
Fee: \$2.78
Total: \$113.78
Method: Credit Card(*****7274)

Item Purchased	Transaction Description	Account	Amount
Land Use Permits	Clatsop Plan Dep GOV	20180026	\$111.00

Signature: _____ **Date:** ____/____/____
By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as *Clatsop Plan Dep GOV* . If you have any questions about the charges please call 1-888-891-6064.

[Print Receipt](#) [Close Window](#)



31849 E. Shingle Mill Lane
Arch Cape OR 97102

Deck

Pool

Pond

1901
0.17 AC

60.12'

102.19'





RECORDING INSTRUMENT #20180003
 Recorded By: Clatsop County Clerk
 # of Pages: 3 Fee: 57.00
 Transaction date: 01/03/2018 15:28:43
 Deputy: Stethem-Norris

RECORDING REQUESTED BY:



422 N Roosevelt Dr.
 Seaside, OR 97138

GRANTOR'S NAME:
 Greg A. Hemstreet

GRANTEE'S NAME:
 Kathleen Ford and Angenita M. Ford

AFTER RECORDING RETURN TO:
 Order No.: 360417003321-SG
 Kathleen Ford and Angenita M. Ford
 1152 West Shepard Lane
 Farmington, UT 84025

SEND TAX STATEMENTS TO:
 Kathleen Ford and Angenita M. Ford
 1152 West Shepard Lane
 Farmington, UT 84025

APN: 3102
 Map: 41030CB 01906
 31849 E Shingle Mill Lane, Arch Cape, OR 97102

SPACE ABOVE THIS LINE FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Greg A. Hemstreet, Grantor, conveys and warrants to Kathleen Ford and Angenita M. Ford, ~~Not as Tenants in Common,~~ ^{But with the} Grantee, the following described real property, free and clear of encumbrances ~~except as specifically set forth~~ ^{Right of Survivorship} below, situated in the County of Clatsop, State of Oregon:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

THE TRUE AND ACTUAL CONSIDERATION FOR THIS CONVEYANCE IS ONE MILLION FOUR HUNDRED SIXTY THOUSAND AND NO/100 DOLLARS (\$1,460,000.00). (See ORS 93.030).

Subject to:

SEE EXHIBIT "B" ATTACHED HERETO AND MADE A PART HEREOF

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Dated: 12-29-17

Greg A. Hemstreet
 Greg A. Hemstreet

State of ARIZONA
 County of MARICOPA of MARICOPA

This instrument was acknowledged before me on December 29, 2017 by Greg A. Hemstreet

Amy L. Schaupeter
 Notary Public - State of ARIZONA



AMY L. SCHAUPETER
 Notary Public - Arizona
 Maricopa County
 Expires 08/14/2021

My Commission Expires: 6.14.21

EXHIBIT "A"
Legal Description

A tract of land lying in Section 30, Township 4 North, Range 10 West, Willamette Meridian, County of Clatsop, State of Oregon, described as follows:

Beginning at a point on the North right of way line of Webb Avenue according to the Plat of Cannon Beach Park Extension, which point is 25.00 feet West from the Southwest corner of Lot 8, Block 43, Cannon Beach Park Extension;

thence South along the Westerly terminus of Webb Avenue 55.48 feet to intersection with the Ocean Shores Boundary;

thence Northwesterly along said Ocean Shores Boundary 91.60 feet to point number C1-7-131 on said Ocean Shores Boundary, which point is marked by a 5/8" iron bar with an aluminum cap;

thence Northerly along said Ocean Shores Boundary 75.18 feet, more or less, to a point which is 120.00 feet South of the Westerly extension of the North line of Lot 10, Block 43, Cannon Beach Park Extension;

thence East parallel with said Westerly extension of the North line of said Lot 10, 86.51 feet, more or less, to a point which is North from the point of beginning;

thence South 28.61 feet to the point of beginning.

EXHIBIT "B"
Exceptions

Subject to:

1. Regulations, levies, liens, assessments, rights of way and easements of Arch Cape Sanitary District.
2. Regulations, levies, liens, assessments, rights of way and easements of Arch Cape Water District.
3. Rights of the public to any portion of the Land lying within the area commonly known as streets, roads, and highways.
4. Any adverse claim based upon the assertion that:
 - a) Some portion of said Land has been created by artificial means, or has accreted to such portion so created.
 - b) Some portion of said Land has been brought within the boundaries thereof by an avulsive movement of Pacific Ocean or has been formed by accretion to any such portion.
5.
 - a. Rights of the public and the State of Oregon in the ocean shore and dry sand area as declared acquired under the provisions of ORS 390.605-.770 or west of the seaward edge of vegetation as defined in Thornton v. Hay, Oregon Supreme Court.
 - b. Rights of the public and governmental bodies (including claims of ownership) to that portion of the premises lying below the high water mark of the Pacific Ocean.
6. The rights of the public and governmental bodies for fishing, navigation and commerce in and to any portion of the Land herein described, lying below the high water line of the Pacific Ocean.

The right, title and interest of the State of Oregon in and to any portion lying below the high water line of Pacific Ocean.
7. Any easements or rights of way for existing utilities or other rights of way over those portions of said Land lying within the public right of way vacated by resolution or ordinance

Recording Date: December 1, 1975
Recording No: Book 421, page 130
Affects: Vacated unnamed street

8. Easement(s) for the purpose(s) shown below and rights incidental thereto, as granted in a document:

Granted to: The Public
Purpose: Pedestrian access
Recording Date: March 30, 1981
Recording No: Book 549, page 381
Affects: Reference is hereby made to said document for full particulars

9. Covenants, conditions, restrictions and easements but omitting any covenants or restrictions, if any, including but not limited to those based upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, source of income, gender, gender identity, gender expression, medical condition or genetic information, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by applicable law, as set forth in the document

Recording Date: September 17, 1984
Recording No: Book 624, page 694

10. Matters contained in that certain Road Maintenance Agreement which document, among other things, may provide for liens and charges.

Executed by: Donald E. Ellis and Mildred Ellis; and George Carney
Recording Date: September 17, 1984
Recording No: Book 624, page 694

Reference is hereby made to said document for full particulars.