

**APPLICATION FOR FLOATING HOME OR BOATHOUSE**

Oregon State Marine Board PO Box 14145 Salem OR 97309 503-378-8587

REGISTRATION NO.	TITLE NO.	TITLE FEE: \$20.00 (To avoid a \$25 late penalty, submit documents to our office no more than 30 days from release of interest from the prior owner.)
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 PLEASE CHECK ONE:  FLOATING HOME       BOATHOUSE       COMBINATION
**OWNER INFORMATION**

(Please print or type)

REGISTERED OWNER (PRINT FULL LEGAL NAME)	DATE OF BIRTH
CO-OWNER (PRINT FULL LEGAL NAME)	DATE OF BIRTH
MAILING ADDRESS	COUNTY
CITY/STATE/ZIP	PHONE NO.

**SURVIVORSHIP: (MUST BE COMPLETED):**

- (1) JOINT OWNERS AGREE THAT TITLE WILL BE ISSUED WITH JOINT OWNERSHIP WITH RIGHT OF SURVIVORSHIP
- (2) JOINT OWNERS AGREE THAT TITLE WILL BE ISSUED AS JOINT SECURITY INTEREST WITH RIGHT OF SURVIVORSHIP.

___	YES	___	NO
___	YES	___	NO

PRIMARY SECURITY INTEREST HOLDER NAME/ADDRESS	CITY/STATE/ZIP
SECONDARY SECURITY INTEREST HOLDER NAME/ADDRESS	CITY/STATE/ZIP

**STRUCTURE DESCRIPTION AND LOCATION**

MOORAGE NAME:	LENGTH:	WIDTH:
MOORAGE ADDRESS:	NUMBER OF STORIES: <input type="checkbox"/> ONE <input type="checkbox"/> TWO	
SLIP NUMBER	EXTERIOR: <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD	
CITY:	EXTERIOR OTHER (specify):	
STATE:	NUMBER OF ROOMS: BEDROOM(S)	
WATERWAY:	LIVING RM	KITCHEN
COUNTY:	OTHER ROOMS (specify):	

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION GIVEN BY ME ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature of Applicant(s)\_\_\_\_\_  
Date



# FLOATING PROPERTY HISTORY

## INSTRUCTIONS

The State of Oregon Marine Board Oregon Law, ORS 830.850 requires all Floating Homes and Boathouses be titled and have an identifying plate. There is a \$20 fee for the title and plate, which are valid until your unit changes location, the plate is lost or there is a change in ownership.

If the home has been owned ~~for~~<sup>by</sup> you for several years but never titled, complete the Application for Floating Home Title and this form. Provide a copy of your county property tax statement and forward them to the Marine Board with the \$20 fee. If you have any questions about titling, please contact Karen Hull, Floating Home Coordinator at (503) 378-2517.

Please explain below a full detail of the history of the floating property. Include how you obtained the property, where it has been located, why it was never titled or registered, etc.

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By signature below, I hereby declare that I am the owner of the floating property described above and that the statements made are true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# STATEMENT OF CONTRACTOR OR BUILDER

**INSTRUCTIONS:** The contractor or builder completes this form for a new floating home, boathouse or combination property or an existing one that has been remodeled. This form must be notarized. For a new floating property, complete the Application for Floating Home or Boathouse form and the \$20 title fee. For a remodeled floating property, submit the original title with any changes of ownership, location and other applicable data and the \$20 title fee. To avoid the \$25 late penalty fee on transfers of ownership, submit application no later than 30 days past the release of interest from the prior owner.

REMODELED HOME REGISTRATION NO: \_\_\_\_\_ TITLE NO: \_\_\_\_\_

**CONTRACTOR/BUIDER:**

Name:	C.C.B. No:
Mailing Address:	City/State/Zip

DESCRIPTION: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ (one/two)

Exterior Material (check one):  Aluminum  Wood  Vinyl  Steel  
 Other: \_\_\_\_\_

ROOF TYPE:  Composition  Steel  Wood  Other: \_\_\_\_\_

FLOATATION:  Pilings  pontoons  Logs  Barrels  Encapsulated Foam(requires permit)  
 Other \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_ EXACT LOCATION: \_\_\_\_\_

**CONSTRUCTED FOR:**

Name:
Address:
City/State/Zip:

I certify that the information given in this statement is correct and complete to the best of my knowledge.

BUILDER OR CONTRACTOR SIGNATURE: \_\_\_\_\_

NOTARY PUBLIC

State of Oregon, County of \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_