

**CHECKLIST FOR CUSTOMER**  
**Detached Living Space**  
*(LDO Section 6.4.4)*

The following material must be submitted with a request for detached living space. **Check off each item as you include it in your application.**

1. **A to-scale plot plan** (ie: 1"=100' or 1"=50') on 8/12 x 11 paper is included in this application.
  - The plot plan includes all relevant information outlined on the plot plan instruction form included in the Type 1 application. Met\_\_\_\_\_
  - The plot plan shows applicable setbacks are met.  
Front\_\_\_\_\_ft. Rear\_\_\_\_\_ft. Side\_\_\_\_\_ft. Met\_\_\_\_\_
  - The plot plan shows the living space is located within 200 feet of the existing dwelling. Met\_\_\_\_\_
  - The plot plan shows utilities are metered through a single meter for each utility that serves the existing residence and the detached living space. Met\_\_\_\_\_
  - The plot plan and all components of the required plot plan have been provided. Met\_\_\_\_\_
2. **A floor plan** of the entire structure.
  - The floor plan identifies the 'as built' floor area and/or the proposed floor area. Met\_\_\_\_\_
  - The floor plan identifies the square footage dedicated to the detached living space. Met\_\_\_\_\_
  - If the detached living space is within an existing structure show the floor plan of the existing structure, all floors. Met\_\_\_\_\_
  - The floor plan shows no more than 400 square feet dedicated to detached living space. Met\_\_\_\_\_
  - The floor plan shows the components included within the area dedicated to detached living ie: Living, Sleeping, Eating, Cooking or Sanitation. Met\_\_\_\_\_
  - The floor plan shall show that no more than 3 of the 5 components are incorporated in the detached living space. Met\_\_\_\_\_
  - The floor plan and all components of the required floor plan have been provided. Met\_\_\_\_\_
3. **Sanitation:** An explanation as to how sanitation is provided. Met\_\_\_\_\_
4. **Signature:** The cover sheet and the supplemental application are signed. Met\_\_\_\_\_
5. **Checklist:** This checklist is included with the application. Met\_\_\_\_\_

# JACKSON COUNTY, OREGON

## TYPE 1 APPLICATION

(Please print in black ink, or type all information except where a signature is required)

Legal description of subject property:

Township\_\_\_\_ Range\_\_\_\_ Section\_\_\_\_ Tax Lot\_\_\_\_ Acreage\_\_\_\_  
Township\_\_\_\_ Range\_\_\_\_ Section\_\_\_\_ Tax Lot\_\_\_\_ Acreage\_\_\_\_

Street Address of the Property: \_\_\_\_\_

What is the Zoning of the Subject Property? \_\_\_\_\_

**Is the purpose of this application to complete a Measure 49 Approval?**  YES  NO

*NOTE: Applications for review and approval of all development proposals may be initiated by the property owner, purchaser under a recorded land sale contract, condemner who has been granted immediate possession by a court of competent jurisdiction, agent duly authorized in writing, or a public agency.*

### PROPERTY OWNER:

At Time Application is Submitted

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### AGENT:

If Other than Applicant

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### OFFICE USE ONLY

File N<sup>o</sup> \_\_\_\_\_

Fee Pd \_\_\_\_\_

Receipt N<sup>o</sup> \_\_\_\_\_

App. Type: \_\_\_\_\_

App. Received by \_\_\_\_\_

Date Received \_\_\_\_\_

Zoning Confirmed by Staff: \_\_\_\_\_

### APPLICANT:

If Other than Property Owner

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### OTHER:

Specify: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**IF AN AGENT, APPLICANT, OR "OTHER" IS ACTING ON BEHALF OF THE OWNER OR PURCHASER, A SIGNED STATEMENT OF OWNER AUTHORIZATION MUST BE SUBMITTED WITH THIS APPLICATION. THIS APPLICATION MUST BE ACCOMPANIED BY AN ACCURATE PLOT PLAN (MAP). SEE USER'S GUIDE FOR ASSISTANCE. THE BURDEN OF PROOF FOR APPROVAL OF AN APPLICATION RESTS WITH THE APPLICANT. YOU MUST PROVIDE DOCUMENTATION REGARDING THE PROPERTY AND APPLICATION CRITERIA IN SUFFICIENT DETAIL AND ACCURACY TO ENABLE THE DEPARTMENT TO FIND THAT YOUR APPLICATION COMPLIES WITH ALL APPLICABLE APPROVAL CRITERIA.**

**APPLICANT SUPPORTING INFORMATION**

Describe your proposal: \_\_\_\_\_

Are Plans Attached?  Yes  No

**THIS APPLICATION IS HEREBY SUBMITTED AND THE STATEMENTS AND INFORMATION HEREIN CONTAINED ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**APPLICANT(S):**

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**AGENT:**

**OWNER or CONTRACT PURCHASER:**

Print Name: \_\_\_\_\_

*(See Attached Form)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## TYPE 1 REVIEW: DETACHED LIVING SPACE

(LDO Section 6.4.4)

### APPLICANTS SUPPORTING INFORMATION

***On the following page describe how your application complies with Section 6.4.4.***

#### Detached Living Space

Detached living space may be allowed when it is accessory to and dependent on the primary residence. No detached living space may contain permanent provisions for living, sleeping, eating, cooking or sanitation in any combination that would constitute a separate dwelling unit. Detached living space may be permitted by the County when all of the following standards are met. Please answer the questions provided below in detail so that Staff can determine if the applicable standards are met.

- 1) The building will comply with all applicable setbacks, fire safety, riparian and Floodplain Overlay requirements of this Ordinance.
  - a) What are the minimum structural setbacks for this structure? Answer:  
Front\_\_\_\_\_Rear\_\_\_\_\_ Side\_\_\_\_\_
  - b) Does the proposed structure meet the required setbacks?  
Answer:\_\_\_\_\_
  - c) Are the setbacks shown on the plot plan?  
Answer:\_\_\_\_\_
- 2) The maximum square footage of the area used as habitable living space, either as a separate building or within a larger accessory structure, will not exceed 400 square feet.
  - a) What is square footage of the area dedicated to the detached living?  
Answer:\_\_\_\_\_
  - b) Did you attach a floor plan of the detached living area showing no more than 400 square feet dedicated to detached living?  
Answer:\_\_\_\_\_
- 3) Utility services (e.g., gas, electricity, telephone) will be metered through a single meter for each utility that serves both the existing residence and the detached living space.
  - a) Will the utilities metered through a single meter?  
Answer\_\_\_\_\_
- 4) Sanitation will be provided by either connection to an existing on-site septic system or a public sanitary authority, whichever is currently in use on-site.
  - a) Will sanitation be provided to the detached living space area?  
Answer:\_\_\_\_\_

b) If the answer is yes, please explain how sanitation will be provided.

Answer: \_\_\_\_\_  
\_\_\_\_\_

5) The detached living space will be located within 200 feet of the existing primary residence.

a) Does the plot plan show that the living space will be located within 200 feet of the existing dwelling?

Answer \_\_\_\_\_

6) No more than three (3) of the five (5) identified components of a dwelling will be incorporated into the detached living space.

a) What components are incorporated within the detached living space? Please choose from the following options: Living, Sleeping, Eating, Cooking or Sanitation? Answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Does the floor plan sufficiently depict the components listed above?

Answer: \_\_\_\_\_

7) A deed declaration that stipulates the detached living space is not and cannot be used as an independent dwelling unit must be recorded prior to issuance of building permits.

a) Do you agree to sign a detached living space deed declaration which causes use limitation within the detached living space?

Answer: \_\_\_\_\_

**APPLICANT (S) SIGNATURE:** \_\_\_\_\_  
\_\_\_\_\_

**AGENT SIGNATURE:** \_\_\_\_\_

**DEPARTMENT FILE NUMBER:** \_\_\_\_\_