

## CHECKLIST FOR CUSTOMER

### Addition of Residents

*(LDO Sections 4.2.6(G); 4.3.6(G); 6.5.3)*

The following material must be submitted with a request for the addition of a resident to an existing valid Temporary Medical Hardship (TMH) dwelling. **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 ½" 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 location previously approved. Met \_\_\_\_\_
  - The plot plan and all components of the required plot plan have been provided. Met \_\_\_\_\_
  
2. **Doctors Certifications:** The nature of the infirmity or hardship will be certified by two (2) written statements.
  - One from the patient's primary care medical doctor (MD) or osteopath (DO). Met \_\_\_\_\_
  - A second opinion from a licensed MD, DO, physician's assistant or licensed nurse practitioner (NP). Met \_\_\_\_\_
  - The statements will be on the care provider's stationery or stamped by the office, and will indicate that the patient is not physically or mentally capable of maintaining him/herself in a residence on a separate property. Met \_\_\_\_\_
  - The infirmed is dependent upon someone being close by for assistance. Met \_\_\_\_\_
  
3. **Resident Information:** Applied on farm and Forest zones only.
  - The infirmed is a relative of the resident defined as a parent, stepparent, stepgrandparent, stepbrother, stepsister, niece, nephew, first cousin, child, grandparent, grandchild, brother, or sister of the existing residents. Met \_\_\_\_\_
  - Caretaker: \_\_\_\_\_ 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° \_\_\_\_\_

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

Receipt N° \_\_\_\_\_

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: TMH ADDITION OF RESIDENTS**

*(LDO Section 6.5.3 G)*

**APPLICANTS SUPPORTING INFORMATION**

***On the following page describe how your application complies with Section 6.5.3(G).***

Requests for an additional resident who is to receive care may be added under an existing temporary medical hardship permit, provided the additional resident is also infirm and incapable of maintaining a residence on separate property; and

Provided the existing permit is in compliance with the standards set forth in subsection (3) above, the holder of the existing permit will pay the required fee and submit medical documentation demonstrating the infirmity or hardship of the new resident. A new permit will not be required.

A) Assessor’s Map Designation of subject property:

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

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

B) Valid Temporary Medical Hardship Approval Number: \_\_\_\_\_

**Addition of Residents [Section 6.5.3(G)(5)]**

1) Name of resident: \_\_\_\_\_

2) Relationship of Resident: \_\_\_\_\_

In Farm and Forest zones the resident must be: A relative of the resident, defined as a parent, stepparent, stepgrandparent, stepbrother, stepsister, niece, nephew, first cousin, child, grandparent, grandchild, brother, or sister of the existing residents [LDO Section 4.2.6(G)(1 & 2)]

3) Required Doctors Certifications [6.5.3(G)(2)a) i) and ii):

\_\_\_\_\_ **ATTACHED** \_\_\_\_\_ **NOT ATTACHED**

4) Required Type 1 Review Fee [Section 6.5.3(G)(5)b)]

\_\_\_\_\_ **ATTACHED** \_\_\_\_\_ **NOT ATTACHED**

5) The Applicant certifies, agrees and acknowledges that:

The resident named above is the one (1) additional resident who may be added under an existing temporary medical hardship permit.

Applicant/Property Owner Signature:\_\_\_\_\_

**Note: Additional information may be submitted on 8½ 11 inch white paper.**

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

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

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

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***Note: Additional information may be submitted on 8½ 11 inch white paper.***