

JACKSON COUNTY, OREGON

TYPE 2 APPLICATION Temporary Medical Hardship

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

| OFFICE USE ONLY | |
|----------------------------|-------|
| File N° | _____ |
| Fee Pd | _____ |
| Receipt N° | _____ |
| App. Type: | _____ |
| App. Received by | _____ |
| Date Received | _____ |
| Zoning Confirmed by Staff: | _____ |

Legal description of subject property:

Township____ Range____ Section____ Tax Lot____ Acreage_____

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Attach a copy of the deed or other instrument describing the property and showing current ownership.

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. Information submitted in support of this application is subject to public records regulations pursuant to ORS 192.420.

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: _____

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.

On the following pages, describe how your application complies with the criteria identified as applicable below:

Public Utilities: Tax lot(s) _____ is served by:
 an on site septic system public sewer (RVSS) community sewer
 an on site well municipal water community water
 phone service electric service other utilities (e.g., gas)
 _____ Irrigation District serves the property.

Please list any easements for access or utilities that benefit or cross the property (attach copies of all applicable easements to your application) _____.

PLEASE NOTE: All easements must be identified on plot plans and land division plans submitted for zoning permit review.

A) A permit may be issued for the placement and use of a **temporary structure** or **existing accessory structure** for occupancy by an infirm person incapable of maintaining a residence on separate property, or by one or more individuals engaged in caring for an infirm person residing on the property. A permit may be issued for the use of a **recreational vehicle** as a temporary medical hardship dwelling, provided that the Building Division conditions for issuance of a mobile home setup permit are met.

What type of structure are you requesting?: _____
If you are proposing to use an existing accessory structure, contact the Building Division about a Change Of Occupancy Permit.

B) The approved occupant(s) of the temporary medical hardship dwelling will occupy the temporary dwelling at least nine months out of each calendar year.

Who will reside in this temporary structure? _____

C) The nature of the infirmity or hardship will be certified by two written statements; one from the patient's primary care medical doctor (MD) or osteopath (DO), as well as a second opinion from a licensed MD, DO, physician's assistant or licensed nurse practitioner (NP). 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, and is dependent upon someone being close by for assistance.

Have you attached the above statements? _____ **YES** _____ **NO**

Name of person(s) who require care: _____

D) The infirmity will be due to **physical or mental impairment**. Financial hardship conditions, child care, and other convenience arrangements not relating to physical and mental impairment are not considered an infirm condition.

In your own words, please explain the nature of the infirmity: _____

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

E) At least one other person will reside on the premises who can provide the needed assistance.

Name of person(s) to provide the care: _____

F) Once care is no longer required, who will remain as the resident(s) on the property: _____

G) The temporary medical hardship dwelling will either (a) connect to a public sanitary sewer system, or (b) use the same subsurface sewage disposal system used by the existing dwelling, if that disposal system is adequate to accommodate the additional dwelling, as determined by the Environmental Quality Section. If the Environmental Quality Section determines that the existing subsurface sewage disposal system is not adequate to accommodate the additional dwelling, the applicant may meet the requirement for adequate sewage disposal by installing a new individual subsurface sewage disposal system, provided that (a) the applicant agrees that one of the existing septic systems is decommissioned when the medical hardship is over, or (b) the new system is put to another use lawfully allowed by the Land Development Ordinance. Is this property served by Rogue Valley Sewer Services? ___Yes ___ No

H) The applicant certifies, agrees, and acknowledges that:

- the placement of the temporary structure will not violate the provisions of any deed declaration or subdivision covenant for the property;
- no additional driveways, access roads or permanent accessory buildings to serve the temporary structure will be permitted;
- the temporary dwelling will be removed within three months after the unit has ceased to be used for the person for which the permit was issued. In any event, the unit will be disconnected from water and sewer service by the day of the expiration of the permit, unless the permit has been renewed in conformance with the LDO or the structure has been put to another lawfully permitted use.

Applicant/Property Owner Signature(s): _____

Temporary Medical Hardship Application on Lands Zoned for Resource Use (EFU, FR, WR, OSR)

Is this property in a resource zone? _____ Yes _____ No. If you answered **No**, continue to signature page.

A) One manufactured dwelling, or recreational vehicle, or the temporary residential use of an existing building may be allowed in conjunction with an existing dwelling as a temporary use for the term of a hardship suffered by the existing resident or a relative of the resident subject to the requirements of LDO Section 6.5.3(G);

Please explain if care is being requested for the existing resident or a relative of the resident. If care is for a relative of the resident, what is the relationship:

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

B) Explain why your proposal will not force a significant change in accepted farm or forest practices on surrounding lands devoted to farm or forest use.

C) Explain why your proposal will not significantly increase the cost of accepted farm or forest practices on lands devoted to farm or forest use.

If the property is within a Forest Resource Zone (FR, WR, OSR) [LDO Section 4.3.6(E), ORS 215.755(2); OAR 660-006-0025(4)(t) & (5)] complete the section below. If the subject property is **not zoned** FR, WR or OSR **continue to signature page.**

Siting Standards For Dwellings and Structures [LDO Section 4.3.12, OAR 660-006-0029; 0035; and 0040; ORS 215.730] The following siting standards shall apply to all new dwellings and structures, except accessory structures within 100 feet of the principal dwelling, and replacement dwellings that will be within 100 feet of the existing dwelling. These standards are designed to make such uses compatible with forest operations and agriculture, to minimize wildfire hazards and risks and to conserve values found on forest lands.

- A) Dwellings and structures shall be sited on the parcel so that:
 - 1) They have the least impact on nearby or adjoining forest or agricultural lands;
 - 2) Adverse impacts on forest operations and accepted farming practices on the tract will be minimized;
 - 3) The amount of forest lands used to site access roads, service corridors, dwellings and structures is minimized; and,
 - 4) The risks associated with wildfire are minimized.

ANSWER: _____

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

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- B) Conditions of approval satisfying this criteria may include setbacks from adjoining properties, clustering near or among existing structures, siting close to existing roads, and siting on that portion of the parcel least suited for growing trees.

ANSWER: _____

- C) A dwelling shall not be sited on a slope of greater than 40 percent.

ANSWER: _____

- D) Explain why your proposal will not significantly increase fire hazard or significantly increase fire suppression costs or significantly increase risks to fire suppression personnel. Dwellings and structures shall meet the fire safety requirements and guidelines outlined in LDO Chapter 8.

ANSWER: _____

- E) The applicant must provide evidence of a domestic water supply. Authorization to appropriate groundwater for domestic use will be in accordance with Oregon Water Resources Department regulatory statutes (ORS 537.515 and 537.525) which allows the use of 15,000 gallons per day for domestic use and the watering of any lawn and/or non-commercial garden totaling one-half acre or less in area. A proposed use of water from a surface water source: stream, creek, river or lake must be evidenced by documentation of a right granted by the Oregon Water Resources department (ORS 537.130). If the domestic water supply is not provided by a public facility or taken from a well on the property or from a spring that meets the Oregon Water Resources Department definition of a water use exempt from the requirement for a water right (ORS 537.800), then the applicant must provide evidence of legal authorization to place domestic water lines across properties of affected owners. For the purposes of this subsection, evidence of a domestic water supply means:

- 1) A surface water right granted by the Oregon Water Resources department for the use described in the application; or
- 2) If the proposed water use is from a well and meets the definition of exempt groundwater uses under ORS 537.545, the applicant shall submit a copy of the Water Well Report that describes the construction of the well.
- 3) Verification from a water purveyor that the use described in the application will be served by the purveyor under the purveyor's right to appropriate water.

ANSWER: _____

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

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- F) As a condition of approval, if the road access to the dwelling is by a road owned and maintained by a private party or by the Oregon Department of Forestry, the U.S. Bureau of Land Management, or the U.S. Forest Service, then the applicant shall provide proof of a long-term road access use permit or agreement. The road use permit may require the applicant to agree to accept responsibility for road maintenance.

ANSWER: _____

- G) If the lot or parcel is more than 10 acres, a condition of approval for a dwelling will require the following:

- 1) The owner of the tract shall plant a sufficient number of trees on the tract to demonstrate that the tract is reasonably expected to meet Department of Forestry stocking requirements at the time specified in Department of Forestry administrative rules. The Planning Department shall notify the County Assessor of the above condition at the time the dwelling is approved.
- 2) The property owner shall submit a Stocking Survey Report to the County Assessor. The Assessor shall verify that the minimum stocking requirements have been met by the time required by Department of Forestry Rules. The Assessor shall inform the Department of Forestry in cases where the property owner has not submitted a Stocking Survey Report or where the survey report indicates that minimum stocking requirements have not been met.
- 3) Upon notification by the Assessor, the Department of Forestry shall determine whether the tract meets minimum stocking requirements of the Forest Practices Act. If the Department of Forestry determines that the tract does not meet those requirements, they will notify the owner and the Assessor that the land is not being managed as forest land. The Assessor shall then remove the forest land designation pursuant to ORS 321.359 and impose the additional tax pursuant to ORS 321.372.

ANSWER/COMMENT: _____

- H) As a condition of approval for a dwelling, the following declaration shall be recorded in the manner and format provided by the County:

"Declarant and declarant's heirs, legal representatives, assigns, and lessees, hereby acknowledge and agree to accept by the placement of this deed declaration, or the acceptance and recording of this instrument, that the property herein described is situated on or near farm and or forest land, and as such may be subject to common, customary, and accepted agricultural and forest practices, which ordinarily and necessarily may produce noise, dust, smoke, and other types of visual, odor, and noise pollution. This deed declaration binds the land owner and the land owner's successors in interest, prohibiting them from pursuing a claim for relief or cause of action alleging injury from farming or forest practices for which no action

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or claim is allowed under ORS 30.936 or 30.937. Jackson County shall be a party to this declaration which cannot be removed or modified without written consent of the County."

ANSWER/COMMENT: _____

ADDITIONAL CRITERIA

List any additional Criteria, specific to type of use. (Attach extra pages as needed)

Additional criteria findings attached (list): _____

No additional criteria are applicable to this application.

THIS APPLICATION WILL NOT BE OFFICIALLY ACCEPTED UNTIL DEPARTMENT STAFF DETERMINES THE APPLICATION HAS BEEN COMPLETELY FILLED OUT, ALL APPLICABLE CRITERIA HAVE BEEN ADDRESSED, THE PLOT PLAN MAP IS CONSISTENT WITH THE REQUIREMENTS LISTED IN THE USER'S GUIDE, AND ALL FEES ARE PAID. THE DEPARTMENT WILL ADVISE IN WRITING IF THE APPLICATION AND/OR MAP IS UNACCEPTABLE.

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: _____

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