



LINN COUNTY PLANNING AND BUILDING DEPARTMENT
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CONDITIONAL USE PERMIT APPLICATION
TEMPORARY PLACEMENT OF A MEDICAL HARDSHIP
MOBILE or MANUFACTURED HOME

Application Fee \$500.00

This application is for the temporary placement of a mobile or manufactured home in conjunction with an existing dwelling for medical hardship circumstances suffered by the existing resident or a relative of the resident. Medical hardship circumstances are: 1) afflictions determined by an Oregon medical doctor to require daily supervision, care and/or assistance; or 2) for reasons of age (65 and older). All temporary mobile/manufactured homes approved through this application shall be sited on the **same legal parcel, within 200 feet of the caregiver's or recipient's existing dwelling and the required distance (setback) from property lines**. The mobile/manufactured home shall be connected to the sewage treatment system serving the existing residence unless the Linn County Environmental Health Program determines that this is not feasible and has authorized an alternative. Environmental Health approval for septic disposal for the new use is required before a medical hardship conditional use application is considered complete.

If the conditional use permit for the medical hardship is approved, then the applicant needs to provide the Planning and Building Department with information regarding the quantity and quality of water from well(s) intended to provide domestic water for the proposed dwelling. This information is required prior to the issuance of the placement permit for the new dwelling. When purchasing the placement permit, please have the year, make, size and serial number of the mobile/manufactured home and the name of the installer.

A medical hardship conditional use permit requires renewal every two years. A renewal letter will be mailed approximately one month before the renewal date. Renewal requires confirmation that the hardship still exists and that the qualifying person(s) receiving the care and the caregiver are still living on the property. **When the medical hardship condition ceases, the mobile or manufactured home must be removed from the property.** The conditional use permit is not transferable to other persons or property.

Please submit the following as attachments to this application:

- (1) Proof of age, if age 65 or older, or a statement from a licensed Oregon physician verifying the circumstances of the hardship and stating the need for daily supervision, care and/or assistance; and
- (2) A plot plan showing existing dwelling(s), location of existing septic system, location, , proposed area for second dwelling and distances between structures and property lines (see attached sample plot plan).

LINN COUNTY LAND DEVELOPMENT CODE
MEDICAL HARDSHIP MOBILE HOMES

SECTION 932.860 -- STATEMENT OF PURPOSE

The purpose of LCC 932.860 to 932.895 is:

- (A) To provide for the temporary placement of a manufactured dwelling or the temporary conversion of an existing building under verified medical hardship circumstances or for reason of age
- (B) To assure the temporary nature of such a placement or conversion, and
- (C) To ascertain the continued validity of the medical hardship.

SECTION 932.875 -- CONNECTION TO EXISTING SEPTIC SYSTEM REQUIRED

- (A) All medical hardship dwelling shall be connected to an approved septic system serving the existing dwelling.
- (B) Existing approved septic systems shall be used except when the Environmental Health Program determines that connection to the existing system is not feasible.
- (C) The intent of this section is to require the use of existing facilities to the maximum extent.

SECTION 932.880 -- APPLICATION CONTENT

- (A) In addition to the application requirements stated in LCC 921.040, the applicant shall also address the matters set forth in subsection (B).
- (B) *Application requirements.*
 - (1) Approval from the EHP for connection of the medical hardship dwelling to the sewage treatment system serving the existing residence or a statement from the EHP saying that such connection is not feasible and recommending a possible alternative; and
 - (2) A written statement from a licensed, Oregon physician on that physician's letterhead that a medical condition exists and that the afflicted person needs daily supervision, care or assistance. The physician's statement shall be an original, not a copy, and shall give the medical reasons for the need; a mere preference or desire is insufficient justification; or
 - (3) Documentation satisfactory to the Director that the qualifying person is 65 years of age or older.
 - (4) Whether the proposed use is for a manufactured dwelling or for the conversion of an existing building.

SECTION 932.890 -- STANDARDS FOR SITING A MEDICAL HARDSHIP DWELLING

- (A) The applicant for the medical hardship dwelling shall comply with LCC 934.380.
- (B) The applicant seeking placement of a manufactured dwelling in the UGAZ shall comply with all of the standards set forth in LCC 934.790.

SECTION 932.895 -- ISSUANCE, RENEWAL, AND TERMINATION OF PERMIT

- (A) The provisions set forth in subsection (B) shall apply to all conditional use permits issued for medical hardship dwellings.
- (B) Mandatory provisions.
 - (1) The conditional use permit shall be reviewed within two years following approval. Odd-numbered permits will be reviewed by July 1 in odd-numbered years and even-numbered permits will be reviewed by July 1 in even-numbered years. A permit issued after April 1 but before July 1 shall remain valid until the next scheduled review period.
 - (2) A permit may be renewed provided:
 - (a) There is not a change of ownership of the property;

- (b) A statement is submitted to the Department verifying that the recipient of the conditional use permit continues to reside on the property and, if less than 65 years of age, verification from a licensed Oregon physician affirming that the hardship condition continues to exist;
 - (c) The applicant has complied with the conditions of issuance of the permit, and
 - (d) No change has occurred which invalidates the original decision to authorize the permit.
- (3) The permit renewal fee established by the Board shall be submitted with the renewal request.
 - (4) Whenever a violation of the circumstances stated in paragraph (2) of Subsection (B) has occurred, the Department shall follow the procedures specified in LCC Chapter 921 (Administration of the Land Development Code) to revoke the permit.
 - (5) If the permit is revoked, or the hardship ceases, the conditional use permit holder shall:
 - (a) Remove the manufactured dwelling within 70 days; or
 - (b) Remove, demolish or return the existing building to an allowed non-residential use within 3 months.
 - (6) Failure to comply with paragraph 5 of this subsection shall constitute a violation of this Development Code.
 - (7) This permit is not transferable to other persons or property.

933.800 Medical hardship dwellings

- (A) An application for a medical hardship dwelling shall be reviewed and decided pursuant to the procedures established in LCC Chapter 921 (Land Development Administration Code) and to the applicable decision criteria of subsections (A) to (D) of this section.
 - (1) Approval from the EHP for connection of the medical hardship dwelling to the sewage treatment system serving the existing residence or a statement from the EHP saying that such connection is not feasible and recommending a possible alternative.
 - (2) A written statement required by LCC 932.880 (B) (2); or
 - (3) The documentation required in LCC 932.880 (B) (3).
 - (4) Where a zoning district permits, one medical hardship dwelling may be established on an authorized unit of land, if the criteria and requirements of this subsection and the applicable provisions of subsections (B) to (D) are met through a Type IIA review.
 - (a) the medical hardship dwelling must be:
 - (i) used in conjunction with an existing dwelling;
 - (ii) used as a temporary use for the term of a hardship suffered by the existing resident or a relative of the resident; and
 - (iii) the provisions of LCC 932.860 to 932.895 are met.
 - (5) In the RRZ: the requirements and decision criteria set forth in LCC 933.310 are met.
 - (6) In the RDZ, the decision criteria set forth in LCC 933.220 are met.
 - (7) In the UGAZ, the decision criteria of LCC 933.260 are met.
- (B) *Park trailer*. If the applicant is seeking approval of a park trailer as the medical hardship dwelling, the application must meet the criteria in subsection (A) and in this subsection.
 - (1) Park trailers unlike other recreational vehicles, are required by the *Specialty Code* to be leveled, blocked and connected to services.
 - (2) Placement permits and other development permits for park trailers will be issued only for authorized units of land for which a single family residence is authorized and for which a medical hardship dwelling conditional use permit exists and for which a septic system permit has been issued.
 - (3) Placement of a park trailer shall conform to the development standards of the applicable zoning district.

Application Check List (for department use)

- A. Complete application _____ Site plan _____ Ownership _____
Proof of age _____ Oregon Physician's Statement _____
- B. Environmental health division approval
 - 1. Existing system has been checked _____
 - 2. New site has been approved _____
 - 3. New site has been requested but not reviewed _____
- C. Property development standards can be met:
Coverage _____ Setbacks _____ Legal lot _____
- D. Proposal is located within:
UGB _____ Planning area _____ Greenway _____ A.O. Zone _____
S.B.H.O. _____ Habitat _____ Floodplain _____ Historic _____ Wetland _____
- E. Application accepted by: _____ Date _____
Receipt No. _____ Amt. _____

Refer to: Staff _____ P.C. _____

I. Background Information (to be completed by applicant in **ink** or **typewritten**)

- A. Applicant's name _____
Address _____
City _____ State _____ Zip Code _____
Phone number (home) _____ (work) _____
- B. Property owner (if different from the applicant) _____
Address: _____
City _____ State _____ Zip Code _____
Phone number (home) _____ (work) _____
- C. Applicant's representative (if any) _____
Address _____
City _____ State _____ Zip Code _____
Phone number (home) _____ (work) _____
- D. Map identification of property: Township _____ Range _____ Sec. _____ Tax Lot(s) _____
Parcel size _____ Site Address _____
- E. Zoning designation _____ Comprehensive Plan Designation _____
- F. Contiguous parcels in same ownership: Twp _____ Rge _____ Sec _____ Tax Lot(s) _____
- G. What fire protection districts protect the parcel?
Rural Fire District (Name) _____

Will the proposed use significantly increase fire hazards, fire suppression costs or risks to fire suppression personnel? Why or why not _____

II. Verification of Property Ownership and Applicant's Certification

PLEASE NOTE: The Development Code does not allow an application to be reviewed unless the owner(s) has first authorized it. Verification will be made using current Linn County Assessor's records or a current copy of the recorded deed or land sales contract.

Only the owner of the property should complete A and B of this section.

A. Does the application violate any recorded codes, covenants or restrictions that are attached to the subject property? _____

B. I/We have the following legal interest in the property: owner of record__ ; or land sales contract purchaser _____

Owner's signature _____

Co-owner's signature _____

Ownership verified by _____ Date _____

III. Description of Adjacent Property Uses

A. Please describe the nature of the land uses on the adjacent properties (for example, residential, farm or forest). Please be specific when describing adjacent farm or forest uses (grass seed, row crops, cattle etc.).

North _____
South _____
East _____
West _____

B. Indicate if the proposed use would cause a significant change in, or significantly increase the cost of, accepted farming or forestry practices on adjacent agricultural or forest lands. Please give the reasons for your conclusion. _____

IV. Information for Hardship

A Name(s) of occupant(s) of the proposed mobile/manufactured home: _____

Is this the qualifying person(s) or the caregiver? _____

B. If the qualifying person(s) will be the occupant(s) of the temporary mobile home, what is her/his/their relationship to the resident caregiver? _____

C. How many dwellings are currently located on the parcel? _____
Who lives in the dwelling(s)? _____

D. Please describe the nature of the hardship and explain why the temporary placement of a mobile/manufactured home is necessary:_____

V. CERTIFICATION STATEMENTS

I, being the owner of the property for which a permit has been requested to allow the temporary placement of a mobile home, do understand and acknowledge the conditions imposed on the issuance and maintenance of the conditional use permit. I understand that the permit shall become void (1) upon termination of the hardship; (2) upon the sale of the property; or (3) upon failure to comply with any condition imposed by the conditional use permit from Linn County. Should the permit become void for any reason, I agree to remove the mobile home from the property within 70 days of the permit becoming void.

Signature(s) of Owner(s)_____

_____ Date_____

Applicant's Certification

I hereby certify that the statements, attachments, exhibits, plot plan and other information submitted as a part of this application are true. I understand that any permit granted on the basis of this information may be revoked if it is found that such information is false.

Signature(s) of Applicant(s)_____

_____ Date_____

STANDARD SITE PLAN DRAWING

For a complete and accurate evaluation of your proposal, it is necessary to include sufficient information and detail on a site plan drawing. An example is provided as a guide to the preparation of your plan. The site plan you submit will constitute the formal development plan upon which your request is based.

You may submit separate plans to show details of particular aspects of your proposal, i.e. landscaping, off-street parking, topography and drainage plans.

Any public or semi-public use or activity will require written detail and description of such use, i.e. number of employees, hours of operation, unusual equipment or activities that may produce noise, odor, glare, vibration, etc., equipment storage areas, guard or watchman requirements, aerial hazards and road access needs.

This site plan requirement is in addition to any other requirements for zoning, building, sanitation or other governmental permits or standards compliance.

SITE PLAN REQUIREMENTS:

- (1) The site plan must be submitted on paper no larger than 8½ inches by 14 inches and drawn to scale.
- (2) Indicate the scale (for example, 1" = 200') on the site plan.
- (3) Include a North arrow indicating the direction of North on the map.
- (4) Include the applicant's name and address in an information block at the bottom of the page.
- (5) Show the dimensions of the property. These may be taken from surveys, deeds and assessor's records.
- (6) Indicate the names of roads adjacent to the property.
- (7) Indicate the approximate distance and direction to nearest city or town.
- (8) Indicate the dimensions and distance from property lines to all structures, both existing and proposed, as well as fences, culverts, light standards and signs on the property and adjacent properties.
- (9) Indicate the location of existing and proposed access ways, parking and loading areas, approaches and barriers. The type of surfacing should be indicated.
- (10) Identify the location of significant land features, such as streams, creeks, drainage areas and slope.
- (11) Identify the location of existing and/or proposed septic tanks, repair areas and wells. If known, indicate any wells or septic systems on adjacent properties if they are within 10 feet of this property.
- (12) Indicate existing uses of land (cultivation, pasture, timber, etc.). Indicate types of crops, pasture, grass and timber species.

Attach sample plot plan (see sample plotplan on Planning and Building webpage)