

LAND MANAGEMENT DIVISION



LAND USE APPLICATION
Temporary Medical Hardship Dwelling
NEW PLACEMENT: EFU Zone

PUBLIC WORKS DEPARTMENT 125 E 8th AVENUE, EUGENE OR 97401 PLANNING: 682-3807

For Office Use Only: FILE #

CODE: DATMH

FEE:

Applicant (print name): _____

Mailing address: _____

Phone: _____ Email: _____

Applicant Signature: _____

Agent (print name): _____

Mailing address: _____

Phone: _____ Email: _____

Agent Signature: _____

Land Owner (print name): _____

Mailing address: _____

Phone: _____ Email: _____

Land Owner Signature: _____

LOCATION

Township Range Section Taxlot

Site address

PROPOSAL: A Request for Director Approval of a Temporary Medical Hardship Dwelling, pursuant to Lane Code 16.212(5)(d).

SUBMITTAL REQUIREMENTS

SITE PLAN A site plan must be included. Refer to the handout entitled "How to prepare your plot plan". Identify nearby driveways. Driveways spacing standards are contained in Lane Code 15.138.

ZONING _____

ACREAGE: _____

DESCRIBE THE ACCESS TO THE PROPERTY (circle the answer):

State Hwy County Rd Public Rd Private Easement

GENERAL ACCESS REQUIREMENTS

Lane Code 15.135. All lots, parcels, or building sites shall have reasonably safe and usable vehicular access either directly to a Public Road, County Road, State Road or an approved Private Access Easement. The access to the homesite must past a two part test. First, the homesite must have legal access. Second, that access must be reasonably safe and useable.

First: A lot or parcel shall be considered as having legal access for the purposes of development when the lot or parcel: (check the one that applies)

- ___ (A) Was created in an approved and recorded land division; or
- ___ (B) Is part of an unrecorded subdivision filed with the County as a survey recorded prior to January 1, 1955, and the roads in the unrecorded subdivision were dedicated to the County but may not have been accepted as Public Roads as defined in LC 15.010(35); or
- ___ (C) Is adjacent to a Public Road or County Road, and meets the frontage requirements of LC 15.120; or
- ___ (D) Is served by a Private Access Easement meeting the requirements of LC 15.055; or
- ___ (E) Is adjacent to a state road and meets any applicable state access and permit requirements.

Second: A lot or parcel shall be considered as having reasonably safe and usable vehicular access for purposes of development if the road providing access to the lot or parcel is: (check the one that applies)

- ___ (A) a County-maintained road or State-maintained road; or
- ___ (B) a Public Road, Local Access Road, or Private Access Easement physically constructed and maintained to the requirements specified in this chapter; and any applicable dedication and improvement requirements of this chapter are met.

NUMBER OF EXISTING DWELLINGS ON PARCEL: _____

PHYSICAL FEATURES: Describe the site. Identify any steep slopes, water bodies (creeks, ponds, etc.) or other significant features. Include additional pages if necessary.

APPROVAL CRITERIA

Lane Code 16.212(5)

(d) One manufactured dwelling or park model recreation vehicle in conjunction with an existing dwelling as a temporary use for the term of a medical hardship or hardship due to age or infirmity suffered by the existing resident or relative of the resident is allowed subject to prior submittal of an application pursuant to LC 14.050, approval of the application by the Director pursuant to LC 14.100 with the options to conduct a hearing or to provide written notice of the decision and an opportunity for appeal, and compliance with these requirements:

As used in LC 16.212(d), "hardship" means, a medical hardship or hardship for the care of an aged or infirm person or persons;

Have you attached the "Physician's Certification" that shows the person has a medical hardship?

Yes No

As used in LC 16.212(5), "relative of the resident" means, a child, parent, stepparent, grandchild, grandparent, step grandparent, sibling, stepsibling, niece, nephew or first cousin of the existing residents;

Relation to existing resident:

<input type="checkbox"/> Child	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Niece
<input type="checkbox"/> Parent	<input type="checkbox"/> Step grandparent	<input type="checkbox"/> Nephew
<input type="checkbox"/> Stepparent	<input type="checkbox"/> Sibling	
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Stepsibling	

Name of Caregiver: _____

(i) The manufactured dwelling or park model recreation vehicle shall use the same subsurface sewage disposal system used by the existing dwelling, if that disposal system is adequate to accommodate the additional dwelling.

Will the temporary manufactured home be connected to the septic system for the main dwelling?

Yes No

(ii) The temporary manufactured dwelling or park model recreation vehicle will comply with Oregon Department of Environmental Quality review and removal requirements and with the requirements of the Uniform Building Code;

DEQ compliance will be verified by the Sanitation Program. A sanitation permit may be required. They can be contacted at (541) 682-3754. Compliance with the Uniform Building Code will be verified with the issuance of the building permit. The Building Program can be contacted at (541) 682-4466.

(iii) LC 16.212(10)(f) through (h) below;

Refer to "Siting Criteria".

(iv) Except as provided in LC 16.212(5)(d)(v) below, approval of a temporary manufactured dwelling or park model recreation vehicle permit shall be valid until December 31 of the year following the year of original permit approval;

This will be a condition of approval.

(v) Within 90 days of the end of the hardship situation, the manufactured dwelling or park model recreation vehicle shall be removed from the property or demolished; and

This will be a condition of approval.

(vi) A temporary manufactured dwelling or park model recreation vehicle approved under LC 16.212(5)(d) above shall not be eligible for replacement under LC 16.212(5)(a) or (b) above.

This temporary manufactured home is not allowed to become a permanent dwelling.

SITING CRITERIA

Lane Code 16.212(10)

(f) Will not force a significant change in accepted farm or forest practices on surrounding lands devoted to farm and forest use.

(g) Will not significantly increase the cost of accepted farm or forest practices on lands devoted to farm or forest use.

To answer this question, you must identify the farm and forest uses surrounding the property. Explain why your temporary manufactured home will not negatively impact the existing farm or forest uses. If there will be an impact, how will you minimize the impact?

(h) The Director shall require as a condition of approval that the landowner for the dwelling sign and record in the Lane County deed records a document binding the landowner, and the landowner'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 or claim is allowed under ORS 30.936 or 30.937.

If your application is approved, you will need to sign and record a "Farm and Forest Management Agreement". This document will be included in the packet that is mailed to you with the application approval.



PHYSICIAN'S CERTIFICATE

PUBLIC WORKS DEPARTMENT 125 E 8th AVENUE, EUGENE OR 97401 PLANNING: 682-3807

This form must be completed and signed by your physician, therapist or professional counselor and submitted with your application for a Temporary Medical Hardship Dwelling.

TEMPORARY USE OF A MOBILE HOME DURING A MEDICAL HARDSHIP. The use of a mobile home on a temporary basis during a medical hardship may be allowed. A permit may be granted for a period of not more than two years and may be renewed for successive periods of two years, (2 years) if evidence is provided that the hardship condition continues to exist.

In considering this request, it must be found that the hardship condition relates to the aged, the infirm, or to persons otherwise incapable of maintaining a complete, separate and detached residence, and also whether the requested use will be relatively temporary in nature. It is not the intent of this provision to subvert the intent of the zoning laws by permitting more than one permanent residence on each property. In granting the request for temporary use of a mobile home, conditions may be imposed that will preclude the possibility of such a temporary use becoming permanent.

Below is the form that shows the physician, therapist or professional counselor is convinced the person with the hardship must be provided the care so frequently or in such a manner that the caretaker must reside on the same premises.

TO BE COMPLETED BY PHYSICIAN, THERAPIST OR PROFESSIONAL COUNSELOR

This is to certify that the person listed below is my patient:

(Please print or type name of patient)

It is my opinion that this person has a medical or physical hardship that requires care and attention in the fashion described above, and the named patient should be permitted to reside near a caretaker in order to facilitate proper care.

Physician Signature: _____ Date _____

Physician Name: _____ ID/License # _____
(Please Print or Type)

Address: _____ Phone # (____) _____