

LAND MANAGEMENT DIVISION



**LAND USE APPLICATION - DIRECTOR
Temporary Medical Hardship Dwelling
Exclusive Farm Use Zone**

PUBLIC WORKS DEPARTMENT 3050 N. DELTA HWY, EUGENE OR 97408 Planning: 541-682-3577

For Office Use Only: FILE #

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).

NOTICE: The Applicant is responsible for providing enough information in this application for staff to make reasonable findings.

ADJOINING OWNERSHIP Is any adjacent property under the same ownership as the subject property? List the map and tax lot(s).

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

ZONING: _____

ACREAGE: _____

DESCRIBE THE ACCESS TO THE PROPERTY (circle the answer): Access to the homesite must comply with the Lane Code Chapter 15.

State Hwy County Rd Public Rd Private Easement/Private Road (submit a copy)

Road name: _____

NUMBER OF EXISTING DWELLINGS ON PARCEL: _____

EXISTING IMPROVEMENTS: What structures or improvements does the property contain (i.e., outbuildings, roads, driveways, wells, septic tanks, drainfields)? Will any structure or improvement be removed/demolished?

PHYSICAL FEATURES: Describe the site.

- The Vegetation on the property: _____

- The Topography of the property: _____

- Any Significant Features of the property (steep slopes, water bodies, etc.): _____

APPROVAL CRITERIA

Lane Code 16.212(5)

(d) One manufactured home or recreational 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 of person with Medical Hardship to existing resident: is a Resident

Child Grandparent Niece

Parent Step grandparent Nephew

Stepparent Sibling

Grandchild Step sibling

Name of Caregiver: _____

(i) The manufactured home or recreational 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 home or recreational 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 home or recreational 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 home or recreational vehicle shall be removed from the property, converted to an allowable nonresidential use or demolished; and

This will be a condition of approval.

(vi) A temporary manufactured home or recreational 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 3050 N. DELTA HWY, EUGENE OR 97408 Planning: 541-682-3577

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 MANUFACTURED HOME DURING A MEDICAL HARDSHIP. The use of a manufactured 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 # (____) _____