



LAND USE APPLICATION

Temporary Medical Hardship

RENEWAL

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

For Office Use Only. FILE #

FEE:

Applicant: _____

Mailing address: _____

Phone: _____ Email: _____

Applicant Signature: _____

Land owner: _____

Mailing address: _____

Phone: _____ Email: _____

Land Owner Signature: _____

Description of TMH (Year, make, width, length, L#): _____

LOCATION:

SITE LOCATION:

_____	_____	_____	_____	_____	_____
Township	Range	Section	Taxlot	Address	City/State/Zip

Name of person with medical hardship: _____

Is the Physician Certification filled out and attached to this application? Yes No

Name of caregiver: _____

By signing this application, you are stating this information is accurate to the best of your knowledge.

(Signature of caregiver)

(Print Name)

(date)

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Sanitation Inspection required: Yes No TMH placement approved by BP#: _____

Approved. The new approval time is **December 31,** _____ **through December 31,** _____

Denied. Reason for denial: _____

Staff Planner: _____

(date)

APPROVAL CRITERIA

How is the person with the Medical Hardship related to the resident of the primary dwelling?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> is a Resident | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Stepsibling |
| <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 | |

The approval criteria is based on your zoning:

For the F-1 Zone, the applicable section is LC 16.210(3)(o)(v):

“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 and may be renewed once every two years until the hardship situation ceases or unless in the opinion of the Lane County Sanitarian the on-site sewage disposal system no longer meets DEQ requirements.”

For the F-2 Zone, the applicable section is LC 16.211(3)(o)(v):

“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 and may be renewed once every two years until the hardship situation ceases or unless in the opinion of the Lane County Sanitarian the on-site sewage disposal system no longer meets DEQ requirements.”

For the Farm Zone, the applicable section is LC 16.212(5)(d)(iv):

“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.”

For the RR Zone, the applicable section is LC 16.290(2)(d)(ix):

“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 and may be renewed once every two years until the hardship situation ceases or unless in the opinion of the Lane County Sanitarian the on-site sewage disposal system no longer meets DEQ requirements.”

INSTRUCTIONS TO THE SITE:



PHYSICIAN'S CERTIFICATE

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If a sanitation inspection is required, please attach copies of any septic tank pumping receipts done within the last 10 years.



PHYSICIAN'S CERTIFICATE

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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 manufactured 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 # (____) _____