

LAND MANAGEMENT DIVISION



**TYPE I APPLICATION –
Building Permit
Temporary Medical Hardship Dwelling
Rural Residential Zone**

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

Complete this application form and bring it to the building permit meeting.
It must be ready to submit with your building permit application.

Applicant (print name): _____

Mailing address: _____

Phone: _____ Email: _____

Applicant Signature: _____

Land Owner (print name): _____

Mailing address: _____

Phone: _____ Email: _____

Land Owner Signature: _____

LOCATION

Township _____ Range _____ Section _____ Qtr _____ Taxlot _____

Site address _____

PROPOSAL: A Request for a Temporary Medical Hardship Dwelling pursuant to Lane Code 16.290(2)(d).

Office Use Only
Approval date: _____ Expiration date: _____
Planner name: _____
Planner Signature: _____

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 16.290(2)

Permitted Uses: The following uses and activities are allowed subject to the general provisions and exceptions specified by this chapter of Lane Code:

(d) Not more than one manufactured home or recreational vehicle on a lot or parcel, in addition to an existing dwelling, manufactured home or duplex allowed by LC 16.290(2)(a) through (c) above, as a temporary use for the term of a medical hardship suffered by a resident of the existing dwelling, manufactured home or duplex, or a relative of the resident, subject to compliance with these requirements:

(i) The property owner or authorized representative of the property owner shall submit to the Director an application on the form provided by the Director.

This application is required.

(ii) A resident of the existing dwelling, manufactured home or duplex has a medical hardship and needs care for daily living from a resident of the temporary manufactured home or recreational vehicle; or

Have you attached the "Physician's Certification" that shows the person who will live in the existing dwelling or the temporary dwelling has a medical hardship? ___ Yes ___ No

(iii) A resident of the temporary manufactured dwelling or park model recreation vehicle is a relative of a resident of the existing dwelling, manufactured dwelling or duplex, has a medical hardship and needs care for daily living which will be provided by a relative living in the existing dwelling, manufactured dwelling or duplex. 'Relative' means grandparent, step grandparent, grandchild, parent, stepparent, child, brother, sister, step sibling, aunt, uncle, niece or nephew or first cousin of a resident of the existing dwelling, manufactured dwelling or duplex.

Relation to existing residents (circle the answer): ___ is a Resident

___ Child

___ Step grandparent

___ Parent

___ Sibling

___ Stepparent

___ Stepsibling

___ Grandchild

___ Niece

___ Grandparent

___ Nephew

Name of Caregiver: _____

(iv) Evidence of the medical hardship and a description of the family relationship and assistance with the daily living that will be provided shall be furnished and shall consist of:

(aa) A written statement from a medical physician disclosing the existence of and need for the medical hardship;

This refers to the "Physician's Certification". Attach it to this application form.

(bb) Any family relationship between the person with the hardship and the person who will provide care; and

The person with the hardship must be related to the caregiver.

(cc) The general nature of the care that will be provided.

Give a general description of the type of care that will be provided. _____

(v) The temporary manufactured home or recreational vehicle shall be located on the same lot or parcel as the existing dwelling, manufactured home or duplex.

Will the temporary dwelling be located on the same lot or parcel as the existing dwelling?

____ Yes ____ No If No, explain: _____

(vi) The temporary manufactured home or recreational vehicle shall be connected to the same on-site sewage disposal system serving the existing dwelling, manufactured home or duplex. If that sewage disposal system is not adequate for the connection, as determined by the Lane County Sanitarian, to accommodate the addition of the temporary dwelling, then that sewage disposal system shall be improved to meet the Oregon Department of Environmental Quality (DEQ) requirements in order to accommodate the addition of the temporary dwelling. A separate on-site sewage disposal system meeting DEQ requirements for the temporary manufactured dwelling or park model recreation vehicle may be used, when in the opinion of the Lane County Sanitarian, connecting the temporary dwelling to the existing sewage disposal system would be impracticable because of the physical conditions of the subject property. The use of the separate sewage disposal system by the temporary dwelling shall be discontinued when the hardship ceases and shall not be used for other purposes unless in compliance with LC Chapter 16.

This will be a condition of approval.

(vii) The temporary manufactured home or recreational vehicle shall comply with applicable Oregon Department of Environmental Quality review and removal requirements.

Contact the Sanitation department to determine if the existing system is adequate to serve the new connection. Their number is 682-3754.

(viii) The temporary manufactured home or recreational vehicle shall not be allowed if there is an accessory living structure, as defined by LC 16.290(2)(t), on the same lot or parcel.

LC 16.290(2)(t):

"An accessory residential structure is a structure that contains area for residential use or occupancy, a toilet or bathroom and that shall comply with these requirements:

(i) The total floor area of the structure shall not contain more than 850 square feet;

(ii) The structure shall not contain a kitchen.

(iii) The structure shall be located on a lot or parcel that has a lawfully existing dwelling, manufactured dwelling or duplex on it and that does not have two or

more permanent dwellings or manufactured dwellings, a guest house or another accessory residential structure on it;

(iv) Sewage disposal for the structure shall be connected to the same onsite sewage disposal system, or community or public sewer connection, and the same electrical circuit box as the existing dwelling or manufactured dwelling on the same lot or parcel; and

(v) The structure shall not have an address.”

Does the property contain an accessory residential structure aka Guest House?

Yes No

If Yes, explain: _____

(ix) Except as provided in LC 16.290(2)(d)(x) 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 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.

This will be a condition of approval.

(x) Within 90 days of the expiration date of the temporary hardship permit, the end of the hardship, or the care provider no longer residing in the temporary manufactured home or recreational vehicle, the manufactured home or recreational vehicle shall be removed from the property, converted to an allowable nonresidential use or demolished.

This will be a condition of approval.

SITING CRITERIA

Lane Code 16.290(7)

Property Development Standards. All uses or development permitted by LC 16.290(2) through (4) above, except as may be provided therein, shall comply with the following development standards:

(a) Property Line Setbacks. Structures other than a fence or sign shall be located:

(i) At least 20 feet from the right-of-way of a State road, County road or a local access public road specified in LC Chapter 15;

(ii) At least 10 feet from all other property lines; and

(iii) Notwithstanding LC 16.290(7)(a)(ii) above, a structure that contains less than 120 square feet of floor area and that is located more than 10 feet from other structures may be located in the 10 foot setback otherwise required by LC 16.290(7)(a)(ii) above provided it complies with LC 16.290(7)(d) below.

Refer to the handout entitled "Setbacks from the Right of Way".

(b) The setback for property lines other than front-yard shall be five feet, except as provided below, for any lot or parcel containing less than 1 acre and created prior to March 30, 1984.

Does the parcel contain less than one acre? Yes No

Was it created prior to March 30, 1984? Yes No

(d) Riparian Setback Area. Except for property located between the Eugene-Springfield Metropolitan Area General Plan Boundary and the Eugene and Springfield Urban Growth Boundaries, where setbacks are provided for in LC 16.253(6), the riparian setback area shall be the area between a line 50 feet above and parallel to the ordinary high water of a Class I stream designated for riparian vegetation protection in the Rural Comprehensive Plan. No structure other than a fence shall be located closer than 50 feet from the ordinary high water of a Class I stream designated for riparian vegetation protection by the Rural Comprehensive Plan. A modification to the riparian setback standard for a structure may be allowed provided the requirements of LC 16.253(3) or LC 16.253(6), as applicable, are met.

Is there a water body on the property? Yes No

If so, it must be indicated on the site plan. The dwelling must be at least 50 feet from the ordinary high water mark of a Class I stream. The location of the ordinary high water mark is determined by planning staff. A "Riparian Declaration" application is required if the dwelling is within 75 feet of the water. You will be notified if a riparian declaration is required.



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 # (____) _____