



SUPPLEMENTAL APPLICATION
TEMPORARY DWELLING FOR CARE – RENEWAL
****NO CHANGE IN PERSON RECEIVING CARE****
(August - 2010)

APPLICANT INFORMATION

Name: _____ File: _____

Date: _____

Care Recipient: _____ Care Provider: _____
(Must be the same as prior approval)

RENEWAL APPLICATION PROCESS

A Temporary Dwelling for Care may be approved for a period not to exceed two years in an Exclusive Farm Use, Ag/Forest or Timber zoning district or three years in other zoning districts. Continued use beyond the initial approval period requires the filing of a renewal application, which MAY be approved after evaluation according to criteria in the ZDO. The applicant is responsible for providing evidence to support the temporary dwelling request according to the criteria for renewal in Section 1204.03 of the ZDO. Renewal applications are subject to the Administrative Action process and public notice. Public comments received from the Community Planning Organizations (CPO), property owners, agencies and other interested parties may affect the decision on the application. The County must make written findings to support the decision. Special conditions may be attached to any approvals. Any decision on this application can be appealed to the County Hearings Officer and to the State Land Use Board of Appeals (LUBA) by the applicant or any other interested person. Staff cannot predetermine the decision on this or any application. A decision of approval or denial will only be made after the complete application is processed. This process may take up to 6 to 8 weeks or 120 days (Urban areas) or 150 days (Rural areas) if the initial decision is appealed.

COMPLETE APPLICATIONS REQUIRE THE FOLLOWING:

1. Land Use Application Form: Information on applicant and land involved in the application.
2. Application Fee: \$ _____ *(Fee is nonrefundable upon decision or staff report; partial refund if withdrawn after notice; full refund if withdrawn prior to notice.)*
3. A signed statement from a licensed healthcare provider: The statement shall be dated within 90 days preceding the date the application is submitted and shall identify the care recipient and substantiate that the level of assistance required by the patient is substantially similar to, or greater than, the level required when the previous permit was granted. **An instruction sheet to be provided to the healthcare provider is attached.**

4. **Complete responses to the following:**

- A. Identify the type of temporary dwelling unit that is in use. Is it a manufactured dwelling, a residential trailer or a recreational vehicle? (Residential trailers are generally distinguished from manufactured dwellings by having been constructed prior to January 1, 1962. Recreational vehicles are generally distinguished from manufactured dwellings and residential trailers by being licensed by the Department of Motor Vehicles. See Section 202 of the ZDO for detailed definitions.)

- B. List the names of all occupants of the primary dwelling and all occupants of the temporary dwelling. Identify the relationship of the person(s) receiving care to the person(s) providing care (for example: son providing care for father, granddaughter providing care for grandmother, etc.).

Resident(s) of Primary Dwelling:

Resident(s) of Temporary Dwelling:

- C. Explain why the use of existing housing—including rented or vacant housing—on the subject property is not a reasonable alternative to the temporary dwelling. Also, explain

why it is not reasonable for the person(s) receiving care and the person(s) providing care to occupy the primary residence together. If your evaluation of the primary dwelling as an alternative includes an argument that it provides insufficient space or privacy, include details such as total square footage, number of bedrooms/bathrooms, etc. to support your answer.

Primary Dwelling	Temporary Dwelling
Square Footage:	Square Footage:
Number of Bathrooms:	Number of Bathrooms:
Number of Bedrooms:	Number of Bedrooms:

Why isn't the Primary Dwelling a Reasonable Alternative:

D. Does another adult live with the care recipient(s)? If so, explain why this other adult cannot provide the needed care.

E. Does another temporary dwelling for care exist on the subject property?

TEMPORARY DWELLING FOR CARE - RENEWAL

INSTRUCTIONS FOR A HEALTHCARE PROVIDER'S STATEMENT

1. The applicant should provide these requirements to the healthcare provider for his or her use in completing the statement. It is important that the healthcare provider have sufficient information regarding the approval criteria for renewal of a temporary dwelling for care to allow him or her to have an opportunity to draft a statement that meets the minimum requirements.
2. The Clackamas County Zoning & Development Ordinance (ZDO) allows a temporary permit for use of a manufactured dwelling, residential trailer or recreational vehicle as a dwelling to provide care to one or more persons due to an age-related or medical condition. This type of temporary permit must be renewed periodically. The approval criteria for a renewal require the submittal of a statement from a licensed healthcare provider. The minimum requirements for this statement are as follows.
3. The statement must be dated within 90 days preceding the date the application is submitted to the County Planning Division.
4. The statement must identify the person who requires care.
5. The statement must substantiate that the level of assistance required by the person is substantially similar to, or greater than, the level required when the previous permit was granted.
6. The statement must be signed by a licensed healthcare provider.
7. The statement must be on provider's letterhead and include the mailing address and telephone number of the healthcare provider.

QUESTIONS? Please contact Eileen Wetzel, Planner at 503-742-4521 or eileenw@co.clackamas.or.us