



Supplemental Application
Temporary Dwelling for Care

(January 2017)

New Application

Renewal Application

APPLICANT(S) INFORMATION

Name _____ File _____ Date _____

Care Recipient: _____ In-home Care Provider: _____

(If application is for a renewal, the care recipient must be the same as on the prior approval.)

WHAT IS A TEMPORARY DWELLING FOR CARE?

The 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. If you have questions, contact Glen Hamburg at 503-742-4523 or GHamburg@clackamas.us.

WHAT IS NEEDED FOR APPROVAL?

A Temporary Dwelling for Care MAY be permitted after evaluation according to criteria in the ZDO. The County must make written findings to support the decision. The applicant is responsible for providing evidence to support the temporary dwelling request according to the criteria in Subsection 1204.03 of the ZDO.

WHAT ARE THE CHANCES FOR APPROVAL?

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 includes review of citizen and agency comments. The decision is based on criteria appropriate to this application as listed in the ZDO. In order to address the necessary criteria, the information requested in this supplemental application should be as thorough and complete as possible.

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. New and renewal applications are subject to the Administrative Action process and public notice. Public comments received from the Community Planning Organization (CPO), property owners, agencies and other interested parties may affect the decision on the application. 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.

HOW LONG WILL IT TAKE TO GET A FINAL DECISION ON THIS APPLICATION?

Approximately 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.
Application must be signed by the property owner. (Attached)
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. Plot Plan drawn to scale on 8.5" x 11" or 8.5" x 14" paper, showing the property and your proposal (buildings, setbacks, driveways, etc.). **(Attached)**
4. A signed statement from a licensed healthcare provider for EACH care recipient dated within 90 days of application being submitted. **(Attached)**
5. If requesting separate utility services, you will need to submit a letter from the utility provider substantiating that separate service is required.
6. Identify the type of temporary dwelling unit that you plan to use.
 - Manufactured home or mobile home.**
 - Residential trailer**-constructed prior to January 1, 1962.
 - Recreational vehicle**- licensed by the Department of Motor Vehicles.
7. Complete responses to the following requirements pertaining to Section 1204. In **EFU, AG/Forest and TBR zones**, if the existing resident is the caregiver, the care recipient must be related to the existing resident.
 - A. 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, parent receiving care from daughter, etc.).

Primary Dwelling Occupant(s):

Name	Age	Relationship

Temporary Dwelling Occupant(s):

Name	Age	Relationship

B.

i. Does another adult live with the care recipient(s) in the primary dwelling? YES NO

ii. If the care recipient(s) currently reside(s) in the primary dwelling on the subject property, do relatives of the care recipient(s) live nearby? YES NO

("Nearby" is considered to be within ¼ mile outside of the UGB or within ½ a mile inside a natural resource zone.)

iii. Are there any other adults living on the property? YES NO

iv. If the answer to any of these 3 questions is **YES**, please explain why these adults or relatives cannot provide the needed care.

C. Does another temporary dwelling for care exist on the subject property? YES NO

If **"YES"**, please provide the PERMIT #: _____

And YEAR placed on property: _____

D. Explain why the use of existing housing—including rented or vacant housing—on the subject property is not a reasonable alternative to the proposed 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, or provide a floor plan of the primary dwelling. *Use additional paper if necessary.*

Why isn't the primary dwelling a reasonable alternative?

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

- E.
- i. Is the temporary dwelling within 100 feet of the permanent dwelling? YES NO
 - ii. Will the temporary dwelling connect to the same utilities? YES NO
 - iii. Will the temporary dwelling connect to the same septic? YES NO
 - iv. Will the same driveway be used for both dwellings? YES NO

ADDITIONAL INFORMATION:

- Conditions of Approval: Review Subsection 1204.03C of the ZDO for conditions that will be attached to any approval of a Temporary Dwelling for Care.
- Desired exceptions to these conditions must be requested at the time of application and will be granted only if consistent with ZDO Subsection 1204.03C.
- Other Permits/Fees: Land use approval of a temporary dwelling for care is only one step in the development review process. Other County permits and fees will be required to site a temporary

dwelling (e.g. septic, manufactured home placement, plumbing, electrical, etc.) Specific requirements will vary. Applicants should contact the Soils Division and the Building Services Division for details.

- A copy of the Recorded Deed Statement will be required within 30 days after approval.

PERMITS REQUIRED FOR A TEMPORARY DWELLING FOR CARE

If the temporary dwelling is a recreational vehicle as defined in Oregon Administrative Rule 918-650:

If the unit is set up on a support system of any kind other than its wheels, an engineered support system for the unit must be designed and submitted to the building services division for a building permit.

If the unit remains on its wheels, it is not regulated under the Oregon Building Code. No manufactured dwelling placement permit or building permit is required.

Water to the unit may be supplied through a hose from an existing hose bib without a plumbing permit. However, if the water is supplied by constructing a water line from some portion of the property's potable water supply system to the unit, a plumbing permit is needed.

Sanitary sewer provisions must be made by connecting the unit to an approved septic system or connecting to the community sanitary sewer; if available. This requires a plumbing permit. If the unit is to be connected to a septic system, a review by the Water Environment Services staff is required by code. This is known as an Authorization Notice. **This Authorization Notice must be re-evaluated every five years.** Applicants should contact Clackamas County Water and Environment Services for current fees at 503-742-4740.

If the unit is powered through the recreational vehicle's power cord to an existing outlet, no electrical permit is needed. If power is supplied through a new circuit or extension of an existing circuit, then an electrical permit is needed.

If the temporary dwelling is a manufactured home:

A manufactured dwelling placement permit will be required. Electrical feeder, water and sewer lines within 30 feet of the perimeter of the unit and all cross over connections are included in this permit. Rain drains, patio covers, garages, stairways and decks over 30" in height will require a separate building permit if they are to be installed.

System Development Charges may apply to any new or replacement temporary dwelling being placed on site that requires a development permit. Contact the Engineering Division to see if this applies at 503-742-4691.

Driveway entrance permits are issued in the Engineering Division. Contact them at 503-742-4691.

The property may be located in an area requiring special approvals due to natural features such as rivers or streams. Additional review may be necessary. Planning and Zoning staff will help you with additional questions. You can reach them at 503-742-4500.

This page intentionally left blank.



Land Use Application

For Staff Use Only

Date received: _____ File number: _____
 Application type: _____ Fee: _____
 Zone: _____ CPO/Hamlet: _____
 Violation #: _____

Applicant Information:

What is proposed? _____

Name of applicant: _____

Mailing address: _____

City _____ State _____ Zip _____

Applicant is (select one): Property owner Contract purchaser Agent of the property owner or contract purchaser

Name of contact person (if other than applicant): _____

Mailing address of contact person: _____

Applicant #s: _____ Wk: _____ Cell: _____ Email: _____

Contact person #s: _____ Wk: _____ Cell: _____ Email: _____

Other persons (if any) to be mailed notices regarding this application: _____

Name	Address	Zip	Relationship
Name	Address	Zip	Relationship

Name	Address	Zip	Relationship
Name	Address	Zip	Relationship

SITE ADDRESS: _____

TAX LOT #: T _____ R _____ Section _____ Tax Lot(s) _____

Adjacent properties under same ownership: Total land area: _____

T _____ R _____ Section _____ Tax lot(s) _____

T _____ R _____ Section _____ Tax lot(s) _____

T _____ R _____ Section _____ Tax lot(s) _____

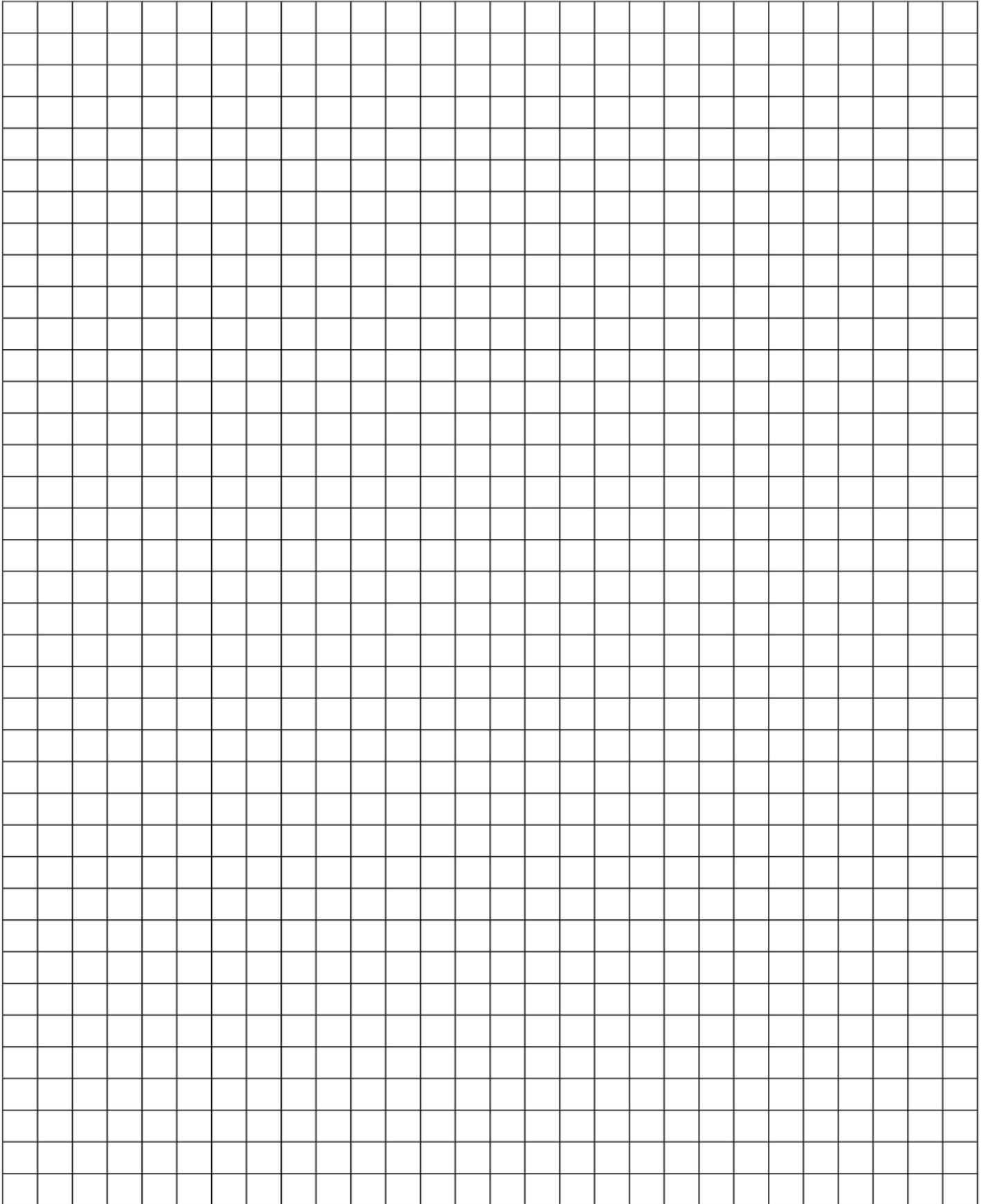
I hereby certify that the statements contained herein, along with the evidence submitted, are in all respects true and correct to the best of my knowledge.

Property owner or contract purchaser's name (print) _____ Date _____ Owner or contract purchaser's signature _____

Applicant's name (print) _____ Date _____ Applicant's signature _____

PLOT PLAN

Township _____ Range _____ Section _____ Tax Lot _____
Address _____



Building Permit or Building Permit Application Number:



CLACKAMAS COUNTY DEPARTMENT OF TRANSPORTATION & DEVELOPMENT PLOT PLAN REQUIREMENTS

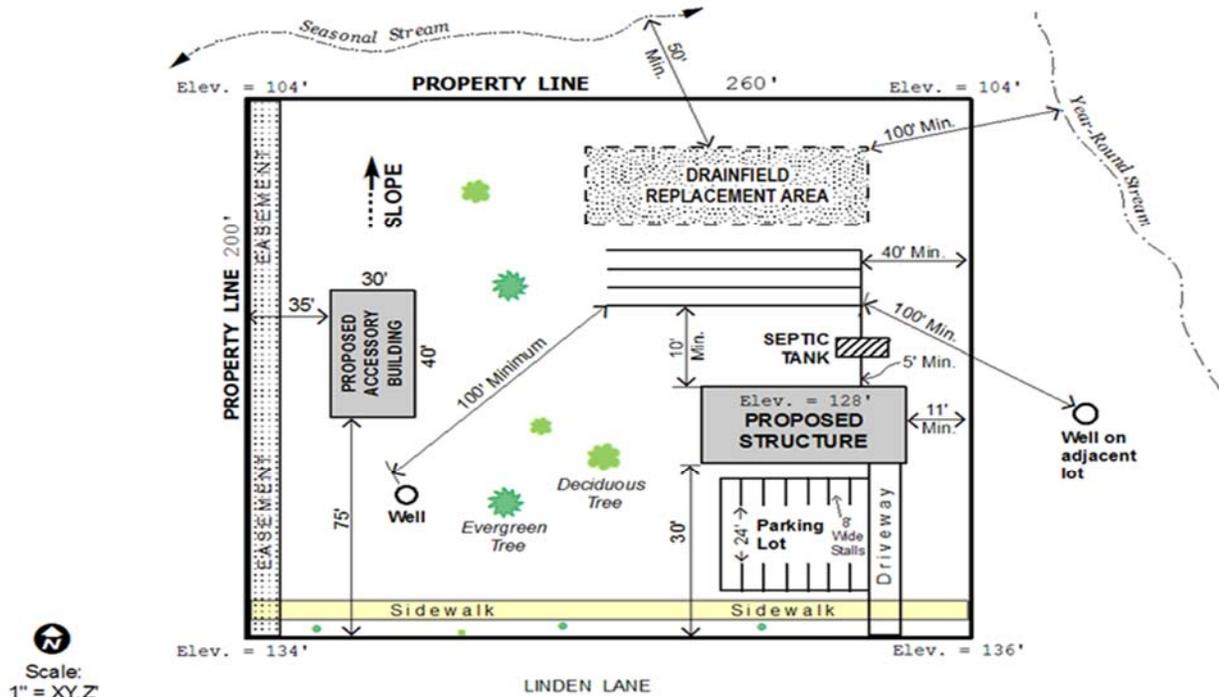
As part of your application for a building permit, you must submit a plot plan of your proposed development. This plan must show all of the items listed below (where relevant). You may use the reverse side of this form for your plan.

ITEMS THAT MUST BE ON THE PLOT PLAN:

At a minimum, the site plan should provide information on the following items:

- Existing and proposed lot lines, lot or parcel numbers, and acreage/square footage of lots.
- Dimensions of all illustrated features (i.e. all structures, septic systems, driveways, roads, etc.)
- Significant natural features (slopes greater than 20%, geologic hazards, wetlands, drainage ways, rivers, streams, and the general location of existing trees, etc.).
- Existing easements (access, storm drainage, utility, etc.).
- Existing and proposed (structures, outbuildings, septic, etc.) on site and on adjoining properties.
- Existing and proposed road locations including widths, curbs, and sidewalks.
- Existing and proposed driveway approach locations on site, existing driveway approaches on adjoining properties on the same side of the street, and existing driveway approaches across the street from the site.
- Contiguous properties under the same ownership.
- General predevelopment topographical information (minimum 10' contour intervals).
- Location of utilities.
- If redevelopment is viable in the future, a redevelopment plan should be included.
- Preliminary site utility plan.

SAMPLE PLOT PLAN



T _____ R _____ Section _____ Tax lot # _____
 Name _____
 Address _____



TEMPORARY DWELLING FOR CARE

(October 2014)

INSTRUCTIONS FOR A HEALTHCARE PROVIDER'S STATEMENT

The applicant should provide these requirements to the licensed healthcare provider for his or her use in completing the statement. The applicant needs to provide demographic information at the top of the Healthcare Provider's Statement, but only the healthcare provider should complete Sections 1 and 2. The Statement must be dated within 90 days preceding the date the application is submitted to the Clackamas County Planning and Zoning Division. It is important that the healthcare provider have sufficient information regarding the approval criteria for a temporary dwelling for care to allow him or her to have an opportunity to complete a form that meets the minimum requirements.

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. One of the approval criteria for this type of temporary permit is the submittal of a statement from a licensed healthcare provider. The minimum requirements for this statement are as follows:

1. The statement must identify the person(s) who require(s) care.
2. The statement must generally indicate that an age-related or medical condition necessitates care.
3. The statement must substantiate that the type of assistance required by the person is consistent with the type of assistance identified in the following definition of "care."

"Care" means assistance, required as a result of age and/or poor health, that is given to a specific person in the activities of daily living, which may include, but are not necessarily limited to, bathing, grooming, eating, medication management, ambulation and transportation, and/or "care" means daily supervision of a specific person when such supervision is required due to cognitive impairment. "Care" does not include assistance with improvement or maintenance of property in the absence of a documented need for assistance with personal activities or a need for personal supervision due to cognitive impairment. "Care" **does not** include financial hardship.

In order to substantiate that the type of assistance required is consistent with this definition, please identify the activities on the form with which the care recipient requires assistance.

4. The statement must be signed by a licensed healthcare provider.
5. The statement should include the healthcare provider's address and office phone number.

*******See reverse for statement to be completed by healthcare provider.*******



Licensed Healthcare Provider's Statement

Patient Name:		Date:	
Patient Address:		Patient Age:	

(Sections below to be completed by the healthcare provider)

Section 1. The patient suffers from (must select at least one):

Age-related condition
 Medical condition

Please indicate the general medical or age-related condition(s) that result in a need for care:

Section 2. Daily activities requiring assistance (check all that apply):

<input type="checkbox"/> Bathing/Grooming	<input type="checkbox"/> Food preparation
<input type="checkbox"/> Dressing	<input type="checkbox"/> Laundry
<input type="checkbox"/> Eating	<input type="checkbox"/> Shopping
<input type="checkbox"/> Ambulation/Transferring	<input type="checkbox"/> Toileting
<input type="checkbox"/> Transportation	<input type="checkbox"/> Medication management
<input type="checkbox"/> Cognitive impairment needing supervision	<input type="checkbox"/> Other daily activity (please describe):

I, the undersigned, do certify that I have completed this form and that the above information is true. I have marked _____ boxes in Section 1 and _____ boxes in Section 2.

Provider Name:		Lic. #:	
Practice Name:			
Address:		Phone:	
City/State/Zip:			
Provider Signature:			

Disclaimer: This document will be held as a public record.