



Planning and Zoning
Department of Transportation and Development
 Development Services Building
 150 Beaver Creek Road | Oregon City, OR 97045
 503-742-4500 | zoninginfo@clackamas.us
 www.clackamas.us/planning

STAFF USE ONLY

Staff Initials: _____ File Number: _____

Application for:

EMERGENCY SHELTER SITING

Application Fee: (None)

On May 12, 2021, Governor Brown signed into state legislation [HB 2006 \(now ORS 197.782\)](#), a bill intended to respond to the current statewide housing crisis by authorizing local governments to site emergency shelters if certain conditions are met. The law requires local governments to approve an application for an emergency shelter regardless of state or local land use laws, if the application meets specific approval criteria outlined in the law. An "emergency shelter" provides "shelter on a temporary basis for individuals and families who lack permanent housing." Any emergency shelter use or activity specifically authorized below may not be put to any other use without securing the necessary approval as required by state law and the Clackamas County Zoning and Development Ordinance.

Approval of a shelter under ORS 197.782 is not a land use decision and there are no state requirements for a mailed notice, public hearing, or solicitation of public comment on an application. Local governments are obliged to approve applications for shelters that meet the criteria below. Decisions may not be appealed to the Hearings Officer, Board of County Commissioners, or the Land Use Board of Appeals, but may be appealed using the writ of review process provided under ORS 34.010 – 34.100.

APPLICANT INFORMATION

Applicant name/company:	Applicant email:	Applicant phone:	
Applicant mailing address:	City:	State:	ZIP:
Contact person name (if other than applicant):	Contact person email:	Contact person phone:	
Contact person mailing address:	City:	State:	ZIP:

SITE INFORMATION

Site address: _____

Map and tax lot #:

Township: _____ Range: _____ Section: _____ Tax Lot: _____

Township: _____ Range: _____ Section: _____ Tax Lot: _____

Township: _____ Range: _____ Section: _____ Tax Lot: _____

SHELTER INFORMATION

Type of shelter proposed (mark all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Warming shelter <input type="checkbox"/> Cooling shelter <input type="checkbox"/> Day shelter <input type="checkbox"/> Night shelter <input type="checkbox"/> Other (describe) 	Shelter activities proposed (mark all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Showering/bathing <input type="checkbox"/> Storage of personal property <input type="checkbox"/> Laundry facilities <input type="checkbox"/> Service of food (prepared onsite or offsite) <input type="checkbox"/> Recreation areas for children or pets <input type="checkbox"/> Case management services for housing, financial, vocational, educational, physical/behavioral healthcare <input type="checkbox"/> Other services incidental to the shelter (list)
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Hours of operation:
Who is the target population?
Maximum number of clients:
Does the proposed shelter include restroom and sleeping facilities for clients? <input type="checkbox"/> YES <input type="checkbox"/> NO # of beds: _____ # of restrooms: _____
Date beginning operation (Please note that a shelter approved under ORS 197.782 must be in operation within 2 years of application approval):
Will the proposed shelter be operated by one of the following types of entities/organizations? <input type="checkbox"/> A local government <input type="checkbox"/> An organization with at least two years' experience operating an emergency shelter using best practices that is: <input type="checkbox"/> A housing authority <input type="checkbox"/> A religious corporation <input type="checkbox"/> A public benefit corporation whose charitable purpose includes the support of homeless individuals and that has been recognized as exempt from income tax under Section 501(a) of the Internal Revenue Code on or before January 1, 2018. <input type="checkbox"/> A nonprofit corporation partnering with any of the above entities. Partner entity: _____
ADDITIONAL QUESTIONS
Is a fee charged to clients? If yes, fee = _____ <i>No more than \$300 per month per client, and only to clients who are financially able to pay the fee and who request the services.</i>
The subject site is (one required): <input type="checkbox"/> Within ½ mile of a bus stop with daily service, or <input type="checkbox"/> Within ½ mile of commercial & medical services, such as grocery, library, hospital or urgent care services necessary to support sheltered individuals, or <input type="checkbox"/> Transportation to commercial & medical services will be provided by the shelter operator. Please explain:
Is the subject site located on a brownfield or has the building otherwise been deemed unsafe for habitation due to contamination or other environmental concern?
Will the proposed shelter have an established code of conduct or screening policy for clients?
Will the proposed shelter have 24-hour contact information posted for clients to access supportive resources when the facility is not open?
Will the proposed shelter have established health and safety protocols related to COVID-19 or other public health concerns?
Please attach the following additional application materials to this application form and email the complete submittal to ZoningInfo@clackamas.us:
<input type="checkbox"/> Complete application form; <input type="checkbox"/> Proposed site plan: The map must be drawn to a scale of not less than one inch = 50 feet, and must show all of the following:

- The subject property, including contiguous property under the same ownership as the subject property, and adjacent properties;
 - Property lines and dimensions for the subject property (indicate any proposed changes to these);
 - Natural features to be retained;
 - Location, dimensions, and names of all existing or platted roads or other public ways, easements, and railroad rights-of-way on or adjacent to the subject property;
 - Location and dimensions of structures, impervious surfaces, and utilities, whether proposed or existing and intended to be retained (for phased developments, include future buildings);
 - Approximate location and size of storm drainage facilities;
 - Relation to transit; parking and loading areas, including dimensions and number of individual parking and load spaces and drive aisles; bicycle racks; walkways; and pedestrian crossings;
 - Orientation of structures showing windows and doors;
 - Location and type of lighting;
 - Service areas for waste disposal, recycling, loading, and delivery;
 - Location of mail boxes;
 - Freestanding signs; and
 - Pedestrian amenities.
- Floor plan(s) of building(s) identifying sleeping and restroom areas for clients;
- Map showing the proximity of commercial and medical services;
- Map of bus stops within ½ mile;
- Copy of shelter code of conduct or screening policy for clients;
- Copy of sign with 24-hour contact information;
- Health and safety protocols related to COVID-19 or other public health concerns;
- Service Feasibility Determinations:** Request that the property's water provider, sanitary sewer provider, and surface water management authority, as applicable, each complete a Preliminary Statement of Feasibility and include those completed statements with your application. If the proposed development will be served by an onsite wastewater treatment system (e.g., a septic system), include an approved Site Evaluation or Authorization Notice from the Septic & Onsite Wastewater Program attesting to the feasibility of your proposal.
- Proof that the shelter operator is a local government or any of the following with two years' experience operating an emergency shelter using best practices:
- ** A local government;
 - ** An organization with at least two years' experience using best practices that is:
 - ~ A housing authority;
 - ~ A religious corporation;
 - ~ A public benefit corporation whose charitable purpose includes the support of homeless individuals and that has been recognized as exempt from income tax under Section 501(a) of the Internal Revenue Code on or before January 1, 2018; or
 - ** A nonprofit corporation partnering with any of the above entities.

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

Applicant signature:	Date:
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Printed name of all property owners:

Signatures of all property owners:	Date:
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Clackamas County is committed to providing meaningful access and will make reasonable accommodations, modifications, or provide translation, interpretation or other services upon request. Please contact us at 503-742-4545 or drenhard@clackamas.us.

503-742-4545: ¿Traducción e interpretación? | Требуется ли вам устный или письменный перевод?
 翻译或口译? | Cán Biên dịch hoặc Phiên dịch? | 번역 또는 통역?