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

STAFF USE ONLY

Staff Initials: *File Number:*

Land use application for:

TEMPORARY DWELLING FOR CARE

APPLICANT INFORMATION			
Applicant name:	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:

PROPOSAL
Brief description of proposal:

SITE INFORMATION		
Site address:	Comprehensive Plan designation:	Zoning district:
Map and tax lot #: *Township:* ____ *Range:* ____ *Section:* ____ *Tax Lot:* ____ *Township:* ____ *Range:* ____ *Section:* ____ *Tax Lot:* ____ *Township:* ____ *Range:* ____ *Section:* ____ *Tax Lot:* ____		Land area:
Adjacent properties under same ownership: *Township:* ____ *Range:* ____ *Section:* ____ *Tax Lot:* ____ *Township:* ____ *Range:* ____ *Section:* ____ *Tax Lot:* ____		

Printed names of all property owners:	Signatures of all property owners:	Date(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.

Applicant signature:	Date:

A. Review applicable land use rules:

This application is subject to the provisions of Section 1204, *Temporary Permits* of the Clackamas County Zoning and Development Ordinance (ZDO).

It is also subject to the ZDO's definitions, procedures, and other general provisions, as well as to the specific rules of the subject property's zoning district and applicable development standards, as outlined in the ZDO.

B. Turn in all of the following:

☐ **Complete application form:** Respond to all the questions and requests in this application, and make sure all owners of the subject property sign the first page of this application. Applications without the signatures of *all* property owners are incomplete.

☐ **Application fee:** Refer to the FAQs at the end of this form and to the adopted *Fee Schedule* for applicable fees and refund policies. Payment can be made by cash, by check payable to"Clackamas County", or by credit/debit card with an additional card processing fee using the *Credit Card Authorization Form* available from the Planning and Zoning website. Payment is due when the application is submitted.

☐ **Site plan:** Provide a site plan (also called a plot plan). A *Site Plan Sample* is available from the Planning and Zoning website. The site plan must be accurate and drawn to-scale on paper measuring no larger than 11 inches x 17 inches. The site plan must illustrate all of the following (when applicable):

- Lot lines, lot/parcel numbers, acreage/square footage of lots, and contiguous properties under the same ownership;
- All existing and proposed structures, fences, roads, driveways, parking areas, and easements, each with identifying labels and dimensions;
- Setbacks of all structures from lot lines and easements;
- Significant natural features (rivers, streams, wetlands, slopes of 20% or greater, geologic hazards, mature trees or forested areas, drainage areas, etc.); and
- Location of utilities, wells, and all onsite wastewater treatment facilities (e.g., septic tanks, septic drainfield areas, replacement drainfield areas, drywells).

☐ **Floor plans:** Attach detailed, accurate, and to-scale floor plans for the primary dwelling. Also include floor plans of any existing accessory dwelling on the property. Label all rooms, show their dimensions, include their square footage, and identify all doors and partition walls.

☐ **Licensed healthcare provider's signed statement(s):** Have a licensed healthcare provider complete, sign, and date the statement page at the end of this application form, or another written statement that includes all of the same information, for each proposed care recipient. The signed statement(s) must be dated within 90 days preceding the date this permit application is submitted. Please note that the information provided on the healthcare provider's signed statement is part of a land use application and is available for public review.

☐ **Evidence for separate on-site wastewater treatment system (if applicable):** If you are requesting that the proposed temporary dwelling use a *separate* on-site wastewater treatment system than the primary dwelling, you must include evidence that the system serving the primary dwelling is not adequate to serve the temporary dwelling, unless you provide evidence that more than one lawfully established on-site wastewater treatment system exists on the subject lot of record or tract.

☐ **Utility provider's statement for separate service (if applicable):** If you are requesting that the proposed temporary dwelling have *separate* water, electricity, natural gas, or sanitary sewer service than those of the primary dwelling, or have any separate utility meter, you must include a written statement from the utility provider substantiating that separate service is *required*, unless you provide evidence that more than one lawfully established service exists on the subject lot of record or tract.

For new (not renewal) applications:

☐ **Evidence that the property is a lot of record:** Lot of record is defined by Section 202 of the ZDO. Evidence may include prior research conducted by Planning and Zoning, deeds, ownership logs from the Office of Assessment and Taxation, or a map demonstrating that the property is a lot or parcel in a recorded plat. If you would like Planning and Zoning staff to conduct this research for you, complete a Research Request Form and submit it with the required fee.

☐ **Evidence that the existing primary dwelling was lawfully established:** Typically it is best to provide copies of the "appraisal jacket", obtained from the County Department of Assessment & Taxation, and, if available, permit numbers for land use, septic, building and manufactured dwelling placement permits for the dwelling.

☐ **If the property is zoned AG/F, evidence to demonstrate whether the tract was predominantly agriculture or predominantly forestry on January 1, 1993:** Evidence may include, but is not limited to, dated aerial photos, tax records or sales receipts.

☐ **If the property is zoned AG/F (and the predominant use of the subject tract was forestry on January 1, 1993) or TBR, evidence of fire protection**: If the dwelling is not within a fire protection district, provide evidence that you have asked to be included within the nearest such district. If inclusion within a fire protection district or contracting for residential fire protection is impracticable, you must propose an alternative means for protecting the dwelling from fire hazards and the means selected must comply with ZDO Subsection 406.08(B)(1).

C. Answer the following questions:

Accurately answer the following questions in the spaces provided. Attach additional pages, if necessary.

1. Is this an application to renew a previously approved *Temporary Dwelling for Care* permit?

☐ NO, this is an application for a new permit.

☐ YES, and the file number for the most recent approval is: Z_____.

2. Identify the type of temporary dwelling proposed (see ZDO Section 202 for complete definitions of these dwelling types):

☐ **Manufactured home** (Constructed on or after June 15, 1976, in accordance with federal manufactured housing construction and safety standards/regulations)

☐ **Mobile home** (Constructed between January 1, 1962, and June 15, 1976, in accordance with the construction requirements of Oregon mobile home law)

☐ **Residential trailer** (Greater than 400 square feet, less than 700 square feet, and constructed, for movement on the public highways, before January 1, 1962, in accordance with federal manufactured housing construction and safety standards /regulations)

☐ **Recreational vehicle** (Not exceeding 400 square feet in gross floor area in the set-up mode and licensed by the State of Oregon as a vehicle, with or without motive power, that is designed for human occupancy and to be used temporarily for recreational, seasonal, or emergency purposes)

3. What are the names of all proposed care recipients?

Care recipient name(s): _____

4. What are the names of all proposed care providers?

Care provider name(s): _____

5. Will the proposed temporary dwelling be located on the same lot of record or tract as a lawfully established permanent dwelling? (A "tract" is one or more contiguous lots of record under the same ownership.)

☐ NO ☐ YES

6. Identify everyone who will occupy each dwelling on the subject lot of record or tract:

Occupant name	***Age***	***Relationship to care recipient(s)***
PERMANENT PRIMARY DWELLING		
TEMPORARY DWELLING		
ANY OTHER DWELLING (e.g. ADU, accessory historic dwelling, or other permanent dwelling)		

7. Explain why the use of any existing housing on the subject lot of record or tract, including rented or vacant housing, is not a reasonable alternative to the proposed temporary dwelling.

Also explain why the care recipient and care provider cannot reasonably be expected to reside in an existing permanent dwelling on the subject lot of record or tract.

If the reasoning is based on insufficient space in an existing dwelling or the need for privacy, you must include supporting details (such as the size of the existing housing and the number of bedrooms and bathrooms in the existing housing) in a detailed floor plan.

8. Would another adult live with the care recipient(s) if this permit is approved?

☐ NO

☐ YES, but that/those other adult(s) cannot provide the care for the following reasons:

9. Does any proposed care recipient *currently* reside on the subject lot of record or tract?

☐ NO

☐ YES, and no relative of the care recipient lives nearby.

☐ YES, but other nearby relatives cannot provide care because (explain in the box below):

10. Is there another temporary dwelling for care already on the subject lot of record or tract?

☐ NO ☐ YES

11. What year was the primary dwelling built, or if a manufactured dwelling, what year was it placed on the property?

D. If the property is zoned AG/F, EFU or TBR, answer the following questions:

Accurately answer the following questions in the spaces provided. Attach additional pages, if necessary.

1. Is every proposed care recipient a resident of an existing dwelling located on the subject lot of record or tract, or the relative of such a resident?

☐ NO, the proposed care recipient does not currently reside at the subject property and is not the relative of a current resident.

☐ YES, the proposed care recipient currently resides at the subject property or is the relative of a current resident.

2. **If this is a renewal application, you may skip this question.** A new temporary dwelling for care cannot be approved if it will force a significant change in accepted farm or forest practices on surrounding lands devoted to farm or forest use or if it will significantly increase the cost of accepted farm or forest practices on surrounding lands devoted to farm or forest use. To allow this to be evaluated:

   - **Using a map or aerial photograph**, identify the surrounding lands, the farm and forest operations on those lands, the accepted farm practices on each farm operation, and the accepted forest practices on each forest operation. For example, if there is a berry farm next door and they use propane sound cannons to scare away birds and protect the crop, the berry farm would be identified as a farm operation and the propane sound cannon as an accepted farm practice. If there are no farm or forest operations on surrounding lands, state that in the box below.

   - Identify the individual impacts of the temporary dwelling to each farm and forest practice that you have identified above. Examples of potential impacts may include but are not limited to traffic, water availability and delivery, introduction of weeds or pests, damage to crops or livestock, litter, trespass, reduction in crop yields, or flooding. Potential impacts also include impacts relating to the construction or installation of the proposed use (temporary dwelling and related site preparation, utilities, access, etc.).

   - Explain whether the temporary dwelling is likely to have an important influence or effect on any of the identified farm and forest practices.

- Explain whether all identified impacts of the proposed use **when considered together** could have a significant impact to any identified farm or forest operation in a manner that is likely to have an important influence or effect on that operation.

E. If the property is zoned AG/F (and the predominant use of the subject tract was forestry on January 1, 1993) or TBR, answer the following:

If this is a renewal application, you may skip this section.

1. Explain how the proposed temporary dwelling will not significantly increase fire hazard or significantly increase fire suppression costs or significantly increase risks to fire suppression personnel.

2. Explain how the proposed dwelling and any accessory structures will be sited so that:

   - They have the least impact on nearby or adjoining forest or agricultural lands;
   - The siting ensures that adverse impacts on forest operations and accepted farming practices on the tract will be minimized;
   - The amount of forest lands used to site access roads, service corridors, and structures is minimized; and
   - The risks associated with wildfire are minimized.

3. Will road access to the dwelling be by a road owned and maintained by a private party or by the Oregon Department of Forestry, the United States Bureau of Land Management (BLM), or the United States Forest Service (USFS)?

☐ NO, as shown in the attached site plan.

☐ YES, and proof of a long-term road access use permit or agreement is attached.

F. Understand the following conditions:

The temporary permit, if approved, will be subject to these conditions, unless an exception is specifically requested in your application and approved:

1. The temporary dwelling shall be connected to a sanitary sewer system or to an onsite wastewater treatment system approved by the County. The temporary dwelling shall use the same onsite wastewater treatment system used by the permanent dwelling, if that system is adequate to accommodate the additional dwelling. An exception may also be granted if more than one lawfully established onsite wastewater treatment system exists on the subject lot of record or tract.

2. The temporary dwelling shall comply with the minimum yard depth standards for primary buildings in the applicable zoning district.

3. All water, electricity, natural gas, and sanitary sewer service for the temporary dwelling shall be extended from the permanent dwelling services. No separate meters for the temporary dwelling shall be allowed. An exception may be granted if the utility provider substantiates that separate service is required or if more than one lawfully established service exists on the subject lot of record or tract.

4. The temporary dwelling shall use the same driveway entrance as the permanent dwelling, although the driveway may be extended. An exception may be granted if more than one lawfully established driveway entrance to the subject lot of record or tract exists.

5. The temporary dwelling shall be located within 100 feet of the permanent dwelling. This distance shall be measured from the closest portion of each structure. This distance may be increased if the applicant provides evidence substantiating that steep slopes, significant natural features, significant existing landscaping, existing structures, other physical improvements, or other similar constraints prevent compliance with the separation distance standard. The increase shall be the minimum necessary to avoid the constraint. An exception may also be granted if the temporary dwelling will be sited in the same or substantially similar location as a previous, lawfully established temporary dwelling for care.

6. A written statement shall be recorded in the County deed records recognizing that a dwelling approved pursuant to ZDO Subsection 1204.04 is temporary and that the temporary permit is not transferable when the property is conveyed to another party.

7. The temporary dwelling shall not be a source of rental income.

8. If the temporary dwelling is a manufactured dwelling or residential trailer, it shall be removed from the subject property when the permit expires or the need for care ceases, whichever first occurs. An exception to this provision may be granted if a temporary manufactured dwelling is converted to a permanent dwelling. Such a conversion shall be allowed only if the temporary dwelling complies with all applicable standards of the Zoning and Development Ordinance for a permanent dwelling, including any that limit the number of dwelling units permitted on the subject property. If the temporary dwelling is a recreational vehicle, it shall be removed from the subject property or placed in a stored condition when the permit expires or the need for care ceases, whichever first occurs. A recreational vehicle shall be deemed to be placed in a stored condition when it ceases to be used for residential purposes and is disconnected form any on-site wastewater treatment system and all utilities other than temporary electrical connections for heating necessary to avoid physical deterioration. Storage of a recreational vehicle shall comply with all other applicable requirements of the Zoning and Development Ordinance.

9. If the property is zoned AG/F, EFU, or TBR, the landowner shall sign and record in the deed records for the County a document binding the landowner, and the landowner's successors in interest, prohibiting them from pursuing a claim for relief or cause of action alleging injury from farming or forest practices for which no action or claim is allowed under Oregon Revised Statutes (ORS) 30.936 or 30.937.

10. If the property is zoned AG/F (and the predominant use of the tract was forestry on January 1, 1993) or TBR, the landowner shall record in the deed records for the County a statement that recognizes the rights of the adjacent and nearby landowners to conduct forest operations consistent with the Oregon Forest Practices Act and Rules.

11. If the property is zoned AG/F (and the predominant use of the tract was forestry on January 1, 1993) or TBR, the following siting criteria apply:

    - **Fuel-free Breaks**: The dwelling shall comply with ZDO Subsection 406.08(A), *Fire-Siting Standards for New Structures*.

    - **Roofing Materials**: The dwelling must have a fire-retardant roof.

    - **Slope:** The dwelling shall not be sited on a slope of greater than 40 percent.

    - **Chimneys**: If the dwelling has a chimney or chimneys, each chimney must have a spark arrester.

    - **Water Supply**: Evidence must be provided that the domestic water supply is from a source authorized in accordance with the Oregon Water Resources Department's (OWRD's) administrative rules for the appropriation of ground water or surface water and not from a Class II stream as defined in the Oregon Forest Practices Rules (OAR Chapter 629). "Evidence of a domestic water supply" means:

- Verification from a water purveyor that the use described in the application will be served by the purveyor under the purveyor’s rights to appropriate water;

- A water use permit issued by OWRD for the use described in this application; or

- Verification from OWRD that a water use permit is not required for the use described in the application. If the proposed water supply is from a well and is exempt from permitting requirements under ORS 537.545, the applicant shall submit the well constructor's report to the county .

FAQs

When is a Temporary Dwelling for Care permit required?
The County's Zoning and Development Ordinance (ZDO) allows the 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 use requires a Temporary Dwelling for Care permit land use permit.

What is the permit application process?
Temporary Dwelling for Care permits are subject to a "Type II" land use application process, as provided for in Section 1307 of the ZDO. Type II decisions include notice to owners of nearby land, the Community Planning Organization (if active), service providers (sewer, water, fire, etc.), and affected government agencies. If the application is approved, the applicant must comply with any conditions of approval identified in the decision. The Planning Director's decision can be appealed to the County Land Use Hearings Officer.

What is needed for the County to approve a land use permit?
Temporary dwellings for care *may* be permitted after an evaluation by the County of applicable standards of the ZDO. The applicant is responsible for providing evidence that their proposal does or can meet those standards. In order to address the standards, the information requested in this application should be as thorough and complete as possible. A permit will only be approved or denied after a complete application is received and reviewed. The County approves an application only if it finds that the proposal meets the standards or can meet the standards with conditions.

If approved, how long would the temporary permit be valid?
A Temporary Dwelling for Care permit may be approved for a period not to exceed two years in the AG/F, EFU, and TBR Districts and for a period not to exceed three years in any other zoning district. The permit may be renewed for a period not to exceed two years in the AG/F, EFU, and TBR Districts and three years in any other zoning district. A temporary permit for a dwelling for care *may* be renewed an unlimited number of times.

How long will it take the County to make a decision about an application?
The County makes every effort to issue a decision on a Type II land use application within 45 days of when we deem the application to be complete. State law generally requires a final County decision on a land use permit application in an urban area within 120 days of the application being deemed complete, and within 150 days for a land use permit in a rural area, although there are some exceptions.

How expensive is it to set up a new Temporary Dwelling for Care?
The land use application for a new or renewed Temporary Dwelling for Care costs **$863**. The temporary dwelling must connect to piped sanitary sewer system or on-site wastewater treatment system approved by the County, which may require additional costs; contact the sewer service provider, or the County's Septic and Onsite Wastewater Program (503-742-4740 or septicinfo@clackamas.us), for more information. The temporary dwelling may also require a placement permit from the County's Building Codes Program; contact Building Codes at 503-742-4240 or bldservice@clackamas.us for more information about those additional costs. The Transportation Engineering Program (503-742-4691, engineering@clackamas.us) assesses System Development Charges (SDCs) for temporary dwellings.

FAQs continued

If an application is submitted and then withdrawn, will a refund be given?
Please see Planning & Zoning Fee Schedule under "Other Fees" *here.* The $5 Technology Fee is non-refundable.

I need help operating my farm or improving or maintaining my property, or have a financial hardship. Do one or more of these needs alone qualify me for a *Temporary Dwelling for Care*?
No, not in the absence of a documented need for assistance with personal activities (bathing, grooming, eating, etc.) or a need for personal supervision due to cognitive impairment.

I want to use a recreational vehicle (RV) as a *Temporary Dwelling for Care* and can have the on-board wastewater tank dumped regularly. Is that OK?
No. A *Temporary Dwelling for Care*, even an RV, must connect to a piped sanitary sewer system or on-site wastewater treatment system approved by the County.

Why do I have to keep renewing an approved *Temporary Dwelling for Care* permit?
State and County law limit the *Temporary Dwelling for Care* permit's period of validity, so it must be renewed before it expires. A renewal application must substantiate that the care provider and care recipient continue to live on the subject property and that a similar or greater level of assistance continues to be required.

Who can help answer additional questions?
For questions about the County's land use permit requirements and this application form, contact Planning and Zoning at **503-742-4500** or zoninginfo@clackamas.us. You can also find information online at the Planning and Zoning website: www.clackamas.us/planning.

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？| Cần Biên dịch hoặc Phiên dịch? | 번역 또는 통역?

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Licensed Healthcare Provider's Statement

DISCLAIMER: The information provided on the healthcare provider's signed statement is part of a land use application and is available for public review.

PATIENT INFORMATION	
Patient's name:	Patient's age:
Patient's address:	

This section must be fully completed *only* by the signed licensed healthcare provider.

1. **The patient suffers from at least one of the following:**
   - ☐ Age-related condition(s) generally described as:
   - ☐ Medical condition(s) generally described as:

2. **The condition(s) require assistance with the following daily activities (check all that apply):**
   - ☐ Bathing/grooming
   - ☐ Dressing
   - ☐ Eating
   - ☐ Property maintenance or improvement
   - ☐ Ambulation/transferring
   - ☐ Transportation
   - ☐ Supervision due to cognitive impairment
   - ☐ Food preparation
   - ☐ Laundry
   - ☐ Routine shopping
   - ☐ Toileting
   - ☐ Medication management
   - ☐ Other daily activity:

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

Healthcare provider's name:	License number:	Name of healthcare practice:
Address of healthcare practice:		Phone:
Healthcare provider's signature:		Date:

This form is part of a land use application for a Temporary Dwelling for Care.