

RECORD NO. 217- _____ - _____ PLNG

Fee: \$350

Annual Review Fee: \$20



**Crook County Community Development
Planning Division**

300 NE 3rd Street, Room 12, Prineville Oregon 97754

Phone: 541-447-8156 / Fax: 541-416-2139

Email: plan@co.crook.or.us / Website: www.co.crook.or.us

Conditional Use - Temporary Hardship

Incomplete applications will not be accepted

NOTICE TO ALL APPLICANTS: The Crook County Community Development, Planning Division is required to review all applications for accuracy and to determine whether the staff and/or Planning Commission have the information needed to make a decision. Crook County Code (C.C.C.) allows 30 days to determine whether the application is complete. If the Planning Division determines that your application is incomplete, you will be requested in writing to provide the necessary missing information, and a decision on your application will be postponed until the information is received. State Law requires that information to support an application be available for public inspection at our office 20-days before a public hearing. Any information submitted after this date may require a postponement of the hearing date if necessary. ***Make sure your application is complete. The burden of proof lies with the applicant.***

PROPERTY OWNER: (Check one)

Care Provider(s)

Care Recipient(s)

Last Name: _____ First Name(s): _____

Other Name (such as Trust): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day-time phone: (_____) _____ - _____ / Cell Phone: (_____) _____ - _____

Email: _____

AGENT / REPRESENTATIVE: (Will need to fill out Authorization Notice form)

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day-time phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

PROPERTY LOCATION:

Township _____ South, Range _____ East WM, Section _____, Tax lot _____

Size of property: _____ acres Zoning: _____

Physical address: _____

Subdivision name, if applicable: _____

Please describe your request in detail: (use a separate sheet of paper; if needed)

PROPOSAL REQUEST: Check all that apply:

1) Does another Temporary Dwelling for care exist on the subject property? Yes ____
No ____

2) Name of the person(s) that would be receiving care for the Temporary Hardship?

➤ Name (print): _____
(Care Recipient)

➤ Name (print): _____
(Care Recipient)

Relationship of the "Care Provider" to the "Care Recipient's" _____

Name(s) of the "Care Providers" that live or will live on the subject property:

SUPPLEMENTAL INFORMATION

The information requested in this application is the minimum information necessary. This application requests information that will assist Crook County planners in evaluating whether your proposal meets these criteria. Failure to complete applicable portions of this application form may result in the County **not** accepting your application or denying your application for failure to demonstrate that the criteria have been met. The County can assist you by providing information from the Crook County Assessor and Crook County Clerks offices. However, the burden of proof lies on you, the applicant, to demonstrate that the criteria have been met. In many cases, you may wish to provide information in addition to that requested to support your application.

FLOOD ZONE

Is the property located within a Flood Zone? Yes ___ No ___

If yes, a "Special Flood Hazard Area Development Permit" is required to be submitted at the same time

ON-SITE SEPTIC

_____ Copy of Authorization Notice (TEMPORARY HARDSHIP)

In order to get an Authorization Notice, a Land Use Compatibility Statement (LUCS) form is required. The LUCS form is available at the Environmental Health office. The Planning Division needs to sign off on the LUCS and collect a **\$44.00 sign off fee**. If you have questions, please don't hesitate to contact the COMMUNITY DEVELOPMENT DEPARTMENT, ON-SITE SEPTIC DIVISION at **541.447-8155**. This process is required prior to submitting a "Site Plan Review" Application.

Before you DIG ~ Call 811 ~ it's the LAW

Website: www.digsafelyoregon.com

Phone: (503) 232-1987 / (800) 332-2344

The applicant, property owners and/or agent shall be responsible for contacting 811 to locate underground utilities, as well as Ochoco Irrigation District and/or the Central Oregon Irrigation District for any underground utilities.

SIGNATURES

I agree to meet the standards governing the laws for "Site Plan Reviews" as outlined in the State of Oregon's OAR, ORS, Crook County Code, and Crook County – Prineville Comprehensive Plan. I agree that all the information contained in this application is true to the best of my knowledge.

Property Owner Signature: _____ Date: _____
Print name clearly: _____

Property Owner Signature: _____ Date: _____
Print name clearly: _____

Care Provider Signature: _____ Date: _____
Print name clearly: _____

Care Provider Signature: _____ Date: _____
Print name clearly: _____

Care Recipient Signature: _____ Date: _____
Print name clearly: _____

Care Recipient Signature: _____ Date: _____
Print name clearly: _____

Agent/Representative Signature: _____ Date _____
Print name
clearly: _____

(Note: If an agent/representative is submitting your application on behalf of the property owner, the "Authorization Form" must be completed and attached to this application)

IMPORTANT INFORMATION

What is a Temporary Dwelling for care?

The Crook County Code under 18.132.070(1)(a) that an accessory dwelling is necessary to care for or provide custody of an elder, mentally handicapped, or infirm relative who a medical doctor certifies is in need of this kind of care or custody.

What is needed for approval?

A Temporary Dwelling for “care” may be permitted after evaluation according to criteria in the Crook County Code (CCC). 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 Section 18.132.070 of the CCC.

What are the chances for approval?

Staff cannot pre-determine the decision on this or any application. A decision of approval or denial will only be made after the complete application is processed. The decision is based on criteria appropriate to this application as listed in the CCC. In order to address the necessary criteria, the information requested in this application should be as thorough and complete as possible.

CHECK LIST OF REQUIREMENTS

- A completed “Conditional Use – Temporary Hardship application form with the appropriate signatures.
- A **signed letter** from the Medical Physician on their Medical Office letterhead certifying the need of care for the person that would be receiving care. In addition, the Medical Physician must complete the attached “Addendum.”
- A copy of the **Tax Lot Card**. (*Available from the Crook County Community Development Department*)
- A copy of the current owners **Warranty Deed** describing the property in its current configuration and ownership (*Available from the Crook County Community Development Department*)
- A signed copy of a “**Statement of Understanding**”
- A detailed “**Plot Plan/Site Plan**” of the subject property. (See below for detailed information)
- A copy of an **approved** On-Site Septic “**AUTHORIZATION**” for a “Temporary Hardship” residence. (*Available from the Crook County Community Development; On-Site Septic Division*)
- A copy of the irrigation map for the area and historical water rights information on the subject property. (*Available from the Irrigation District*); if applicable.
- Special Flood Hazard Area Development Permit; if applicable
- Submit the correct application fee.

DETAILED PLOT PLAN REQUIREMENTS

The detailed “**Plot Plan**” must be drawn on at least 8 ½ x 11 paper, **but no larger than 8 ½ x 14.**

A parcel that is 2 acres or less in size must be drawn to scale, and all dimensions and boundaries must be shown.

A parcel that is more than two acres in size does not have to be drawn to scale, however, all dimensions and boundaries must be shown and all information must be accurate.

The detailed “**Plot Plan/Site Plan**” must include the following:

- Scale of map – not greater than one inch per 400 feet.
- North arrow.
- Dimensions and boundaries of the property.
- Location of all easements and names, and the right-of-way widths of existing roads and easements or right-of-way for any proposed roads, utilities, bikeways, and access corridors.

- If the parcel or lot has irrigation water right, indicate the area of the water right with the number of irrigated acres. In addition, submit a copy of a water right map from the district.
- Names and locations of all roads adjacent to the property.
- Location of well or water source on your property. In addition, indicate the distance from water source to nearest point of septic system drain field and / or replacement drain field area.
- Location of septic system test holes used for the site evaluation during the feasibility process. In addition, the location of the proposed septic tank, drain field and replacement drain field that shows the dimensions and spacing of the leach lines. Further, indicate the distance from the septic tank and septic system to the property lines.
- Location of driveways or other roads on the property, existing and proposed.
- Location of all public utility easements. In addition, attach copies of the recorded utility easement that indicates easement widths.
- Distance (setbacks) from all structures to all property lines.
- Location of all major features (canals, irrigation ditches, rock ledges, etc)
- Location of rimrock, if applicable.
- Location of all drainage, creeks, springs, etc., with distance to the proposed development site.
- Indicate location of all “**EXISTING**” and “**PROPOSED**” structures: Dwellings, Garage, shops, lean-to, barns, etc. Indicate on the plot plan if existing or proposed with dimension size.



FORM B

STATEMENT OF UNDERSTANDING

I wish to develop the property described as Map Tax Lot No. _____ in a way that requires permits from Crook County, including land use approval, a septic site evaluation and/or septic permits, and building and supplemental construction permits.

I understand that State law does not allow Crook County to issue a septic or building permit before the County has determined that the proposed development complies with all County land use regulations.

In addition, in making this request, I understand and agree that:

1. No other permits will be issued until the land use permit has been granted.
2. The land use permit may not be granted if the required approval criteria are not met.
3. If the land use permit is not granted, the other permits applied for will not be issued.
4. If the land use permit is not granted, no refund will be given for any land use, site evaluation, plan review or permit fees already paid.

Property Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____



Community Development Department

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AUTHORIZATION FORM

Let it be known that _____
(Print name clearly)

has been retained to act as my authorized agent to perform all acts for development on my property noted below: These acts include: Pre- application conference, filing applications and/or other required documents relative to all Permit applications.

Physical address of property: _____, and described in the records of CROOK COUNTY as:

Township _____ South, Range _____ East, Section _____, Tax lot _____
Township _____ South, Range _____ East, Section _____, Tax lot _____

The costs of the above actions, which are not satisfied by the agent, are the responsibility of the undersigned property owner.

PROPERTY OWNER

(Please Print Clearly)

Signature: _____ Date: _____

Print Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

Individual(s)

Corporation;

Limited Liability Corporation;

Trust

Conditional Use - Temporary Hardship - Updated: January 11, 2018 (Fee only)

IMPORTANT NOTE: Indicate whether property is owned in individual name(s), or by a business or other entity (e.g. Corporation, Limited Liability Company; or Trust). If property is owned by an entity, include names of all authorized signers. For Example:

If the owner is a Corporation, Limited Liability Corporation or Trust, the following information is required as part of this form.

- If a Corporation ~ please provide the name of President or other authorized signor(s).
- If a Limited Liability Corporation ~ provide names of **ALL** members & managers.
- If a Trust ~ provide the name of current Trustee(s)

In addition, you will need to include a copy of Bylaws (Corporations); an Operating Agreement (Limited Liability Company); or Certificate of Trust (Trusts) that verifies authority to sign on behalf of the entity.

AGENT

Signature: _____ Date: _____

Print Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____



ADDENDUM TO TEMPORARY HARDSHIP USE APPLICATION
(To be completed by the Physician)

NOTE TO PHYSICIAN: A Temporary Hardship Use Permit is being applied for to occupy a manufactured home on the property of the “Care Provider”, in close proximity to the existing family residence; or to permit an immediate family member to occupy a manufactured home on the “Care Recipient’s” property, in close proximity to the “Care Recipient’s” existing home. The purpose of this Temporary Hardship permit is to allow a family member to care for or provide custody of the “Care Recipient(s)” that is in need of such care, or custody by reason of the “Care Recipient’s” physical and/or mental condition. If you have any questions, please contact the Crook County Community Development, Planning Division at (541) 447-8156.

PLEASE ANSWER THE FOLLOWING QUESTIONS AND PRINT CLEARLY

- 1) Does the **“CARE RECIPIENT”** have impaired mobility? YES ___ NO ___

EXPLAIN IN DETAIL

- 2) Does the **“CARE RECIPIENT”** require attendance or custody due to a physical and/or mental condition which his/her spouse or partner cannot provide?
YES ___ NO ___

EXPLAIN IN DETAIL

3) Does the **“CARE RECIPIENT”** require at-home medication and/or treatment which the patient or his/her spouse or partner cannot provide? YES ____ NO ____

EXPLAIN IN DETAIL

4) Does the **“CARE RECIPIENT”** require frequent transportation for medical reasons which the patient or his/her spouse or partner cannot provide? YES ____ NO ____

EXPLAIN IN DETAIL

5) Are the above condition(s): **TEMPORARY** _____ **PERMANENT** _____

If temporary, how long are the condition(s) expected to last?

Care Recipient Name: _____

Care Recipient Address: _____

Physician's Signature: _____

Physician's Name & Title: (Please print clearly): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ - _____ Office Fax: (____) _____ - _____

Office Email: _____