



MALHEUR COUNTY PLANNING DEPARTMENT

251 B Street West, #12 Vale, Oregon 97918

Phone (541)473-5185

TEMPORARY HARDSHIP APPLICATION

INSTRUCTIONS:

The purpose of the temporary medical hardship dwelling is to allow care of a dependent person who requires assistance. This provision allows the placement of a manufactured dwelling or a recreational vehicle, on a single lot or parcel, to be used as a temporary dwelling during a bona fide medical hardship. A physician's certification is required to establish the existence of a medical condition that requires care. The approval, including the physician's certification, shall be subject to annual renewal.

An application for a medical hardship dwelling is processed as a conditional use and is reviewed by the Planning Director (or a staff person designated by the Director.) A public hearing will not be required unless the Director refers the application to a hearing due to important issues raised by the comments received, or the Director believes that the application will significantly impact the neighborhood.

APPLICATION PROCEDURE:

1. Complete the medical temporary hardship application and submit it along with the physician's certification, a plot plan and the filing fee.
2. Schedule a pre-application conference to go over the application. In this meeting a planner will review the application to assure it is complete and accurate, as well as answer any questions you may have.
3. Applicant must secure a "*Medical Certification*", confirming the need for care of the dependent due to a health infirmity. Care must be provided by the resident's immediate family pursuant Malheur County Code Chapter 6, Section 6-6-8-3.
4. Staff will review the proposed use and submitted application materials and develop a written decision on the application. The written decision may include conditions, to mitigate any potential impacts due to traffic, noise and other considerations.
5. The Planning Department will send "*Notice of Tentative Decision*" to neighbors within a specified distance and other governmental agencies, which may be affected by the application. They will have 20 days to submit written comments.
6. When the comment period closes, staff may revise the decision if enough comments are received raising substantive issues. Once the decision is final, adversely affected parties have 10 days to appeal the decision. A "*Zoning Permit*" for a favorable decision cannot be issued until the appeal period has expired without an appeal.
7. If your request is referred to a public hearing, then schedule another appointment with a planner to discuss hearing procedures and responsibilities.
8. Once the decision is final and the conditional use is approved, a "*Zoning Permit*" will be required for the placement of the manufactured dwelling or recreational vehicle. The zoning application must be submitted to the Planning and Zoning office, along with a plot plan and an application fee.

PLACEMENT STANDARDS:

The following standards apply to all applications for a temporary medical hardship dwelling. When you secure the Zoning Permit for placing the temporary medical hardship dwelling, you agree to these standards. Each standard is listed below with a brief explanation of what is meant.

1. The dwelling shall be connected to the same subsurface sewage disposal system used by the existing dwelling, if that system is adequate to accommodate the additional dwelling. The sewage disposal system must meet the Department of Environmental Quality standards and requirements including inspection and certification (contact Environmental Health for a consultation: 541-473-5186).
 - **Explanation:** *This requirement will be a condition of the approval and will be a condition of the yearly renewal. If DEQ does not approve the sewage disposal system, then the permit cannot be renewed and the dwelling must be removed.*
2. The Director may require documentation, subject to annual renewal, showing that the individual(s) occupying the second dwelling is still in need of care and residing on the property. Part of the annual review may be an inspection of the property, if necessary.
 - **Explanation:** *The temporary medical hardship dwelling approval must be renewed annually. The hardship is for medical reasons only and this must be verified by a medical doctor or physician. This requires the physician to see the person every year and verify that the condition still exists and care is required. By agreeing to the conditions of approval you must agree to the yearly renewal, the yearly visit to the doctor and a possible site inspection of the property.*
3. The type of dwelling placed on the property as a second dwelling for the duration of the medical hardship shall be limited to a manufactured dwelling or a recreational vehicle. The Director may limit the distance a second dwelling may be located from the primary residence.
 - **Explanation:** *Because the medical hardship dwelling is a temporary residence, a manufactured dwelling or a recreational vehicle must be used.*
4. Any additional dwelling permitted pursuant to a Temporary Medical Hardship Permit shall be temporary, and not more than one dwelling on the property shall be permanent. The applicant shall sign a notarized statement that the second dwelling shall be removed from the property upon termination of the need or allowed period of time.
 - **Explanation:** *The medical hardship dwelling is a temporary dwelling and must be removed within 90 days from the date the hardship ends. It cannot be used as a rental unit when the medical hardship ends. Further, the hardship dwelling cannot be placed on a permanent foundation or otherwise made into a permanent residential dwelling.*



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File Number: _____
Application Fee: _____
Received: _____

LANDOWNER INFORMATION

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

DEPENDENT INFORMATION

Name: _____
Address: _____
City/State/Zip: _____
Relationship to Property Owner: _____

PROPERTY INFORMATION

Township: _____ Range: _____ Section: _____ Tax Lot: _____ Ref #: _____ Acres: _____ Zoning: _____

DETAILED SPECIFIC WRITTEN REQUEST:

MCC 6-6-8-3: TEMPORARY USE OF A MANUFACTURED DWELLING OR RECREATIONAL VEHICLE DURING FAMILY HARDSHIP

Temporary use of a manufactured dwelling or a recreational vehicle during family hardship may be permitted under the following conditions:

- A. Does a bona fide medical hardship exist? Yes No
- B. Since tenancy shall be limited to a member or members of the property owner's immediate family and a person who is directly responsible for care of the owner's immediate family, indicate the relationship between the dependent and care provider: _____
- C. The permit shall be subject to annual renewal; the use shall be terminated when the hardship no longer exists. Date of the original application: _____, _____.
- D. The Planning Commission may attach any other conditions that it deems necessary. (Ord. 86, 12-7-1993)

E. If the property is located within a resource zone (C-A1/C-A2),

- will the proposed use be compatible with farm practices on the surrounding lands devoted to farm use?

- does the proposed use interfere seriously with accepted farming practices on adjacent lands?

- does the proposed use materially alter the stability of the overall land use pattern of the area?

- will the proposed use be situated on generally unsuitable land for the production of farm crops or livestock considering the terrain, adverse soil or land conditions, drainage and flooding, location and size of tract? _____



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CERTIFICATE BY ATTENDING PHYSICIAN

I, _____ (print patient's name), in abrogation of my HIPAA* rights, authorize _____ (attending licensed physician) to disclose the information required for this form to help me obtain a Temporary Hardship Dwelling Permit.

Patient Signature: _____ Date: _____, _____.

TO PHYSICIAN:

The "Patient" is applying for a Temporary Medical Hardship Dwelling Permit, or renewing a previously approved one. A Temporary Medical Hardship Dwelling may be allowed when a patient has a bona fide medical hardship and a demonstrated need for assistance as a result of a medically determined impairment. That impairment must render them incapable of maintaining a complete, separate and detached residence on a separate property and requires daily care.

Daily care includes, but is not limited to, bathing, grooming, eating, medication management, walking and transportation.

Daily care does not include financial management, childcare or the improvement or maintenance of property.

Does this patient qualify for a bona fide medical hardship as described above? Yes _____ No _____

Signature of Certifying Physician Date: _____, _____.

Physician's Name

Medical License #

Address

City, State & Zip Code

Phone Number

Physician's Stamp Required

*HIPAA is the Health Portability and Accountability Act. Malheur County is obligated to ask for this information in order to evaluate the approval criteria for a Temporary Medical Hardship Dwelling.



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APPLICANT'S STATEMENT OF UNDERSTANDING

I, _____, have filed an application for a TEMPORARY MEDICAL HARDSHIP DWELLING with the Malheur County Planning Department to be reviewed and processed according to State and County requirements. My signature below affirms that I have discussed my application with the Planning staff, and that I acknowledge the following disclosures:

1. I understand that any representations, conclusions or opinions expressed by staff in the pre-application review of this request do not constitute final authority or approval, and that I am not entitled to rely upon any such expressions in lieu of formal approval of my request.
2. I understand I may ask questions and receive input from Planning staff, but acknowledge that I am ultimately responsible for all information or documentation submitted with this application. I further understand that Planning staff cannot legally bind the County to any fact or circumstance which conflicts with State and local laws, and in the event a conflict occurs, the statement or agreement is null and void.
3. I understand I have the burden of proving my request meets ordinance requirements and that I must address all of the criteria that apply. The criteria for approving or denying my request for a TEMPORARY MEDICAL HARDSHIP DWELLING have been furnished to me as part of this application.
4. I understand Planning staff is entitled to ask for additional information or documentation any time after the submission of this application if it is determined such information is needed for review and approval.
5. I understand my application may be reviewed by the Oregon Department of Land Conservation and Development, and this agency has the authority to appeal its approval. In the event a public hearing is required, I agree that it is my responsibility, and not the County's, to respond to the appeal and make out the case in favor of the application. While the Planning office may take a position supporting the application, I realize it is not the County's function to argue my case at the hearing.
6. I understand I am entitled to have a lawyer or a land use consultant help me with my application and to appear with me (or for me) at any appointment, conference or hearing relating to it. In light of the complexity and technical nature of my application, I have been advised that it may be in my best interests to have professional assistance.
7. I understand that the sewage system must meet all Department of Environmental Quality requirements for sanitation.

Date: _____, _____.

Property Owner

Care provider or person with medical condition

.....

STATE OF OREGON)
) ss.
County of Malheur)

On this ____ of _____, _____, _____ personally came before me, a Notary Public for the State of Oregon and the County of Malheur, and executed the above *Statement of Understanding* and acknowledge to me that it was freely and voluntarily done.

NOTARY SEAL

Notary Public, State of Oregon
My Commission Expires: _____



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DECLARATION OF UNDERSTANDING

I, _____, do hereby declare that I am the legal owner of the property located at _____, more properly described as Township _____ S., Range _____ E., W.M., Section _____, Tax Lot(s) _____.

I further declare that I have been informed that my property described above is zoned _____, with a minimum lot size of _____ acres. The placement of the permanent dwelling is subject to different requirements, which have not been met by this approval.

I further understand that I have been granted temporary permission to place a second dwelling on the lot or parcel. I understand that the second dwelling is not a permanent dwelling and cannot be placed on a permanent foundation and must meet all requirements of the Department of Environmental Quality for a septic system.

I further understand that the temporary dwelling can only remain on the property as long as _____, who is dependent on me for the purpose of my providing care to her/him.

I hereby declare that I understand that when the bona fide medical hardship for _____ ends, then my approval ends and I am obligated to remove the temporary second dwelling on my lot or parcel within ninety (90) days from the date the medical condition ends. I agree that the cost of removing the second, hardship dwelling will be assumed by me.

I consent to an annual review of this use, including an inspection of the property, if necessary.

I further understand that any present expense incurred in establishing the temporary second dwelling unit on my lot or parcel may never be fully recovered by me.

DATE: _____, _____.

Applicant or Representative

.....
STATE OF OREGON)
) ss.
County of Malheur)

On this ____ of _____, _____, _____ personally came before me, a Notary Public for the State of Oregon and the County of Malheur, and executed the above *Declaration of Understanding* and acknowledge to me that it was freely and voluntarily done.

NOTARY SEAL

Notary Public, State of Oregon
My Commission Expires: _____