

Temporary Hardship Dwelling Application

Yamhill County Department of Planning and Development

525 NE 4th St., McMinnville, OR 97128

Phone(503) 434-7516 • FAX: (503) 434-7544 • TTY: 800-735-2900

e-mail: planning@co.yamhill.or.us • web-page: <http://www.co.yamhill.or.us/plan/>

Docket _____

Date _____

Rec'd by _____

Receipt # _____

Fee

\$1,127.00

APPLICANT			LEGAL OWNER (IF DIFFERENT)		
Last name	First	MI	Last name	First	MI
Mailing address (Street or PO Box)			Mailing address (Street or P O Box)		
City	State	Zip	City	State	Zip
Telephone			Telephone		
E-mail address			E-mail address		

PROPERTY INFORMATION

Tax Lot(s): _____ Zone: _____

Site address: _____

Request: _____

Name of person(s) with the health hardship: _____

Name of person(s) who will be caregiver(s): _____

Relationship of person(s) with the health hardship to the property owner: _____

The person with the health hardship must be the existing resident (owner) of the property or a relative of the existing resident.

PROPERTY INFORMATION:

1. Present use of property: _____

2. How many houses or manufactured homes are currently on the property? _____

3. Will the temporary dwelling be a manufactured home? ☐ Yes ☐ No

If no, what existing building on the property will be converted to a temporary dwelling?

Temporary Health Hardship Application

Page 2 of 4

I hereby declare under penalties of false swearing (ORS 162.075 and 162.085) that the above information is true and correct to the best of my knowledge. I understand that issuance of an approval based on this application will not excuse me from complying with other effective ordinances and laws regulating the use of the land and buildings.

I hereby grant permission for and consent to Yamhill County, its officers, agents, and employees coming upon the above-described property to gather information and inspect the property whenever it is reasonably necessary for the purpose of processing this application.

Applicant's signature

Date

Property owner's signature (if different)

Date

State of _____)

County of _____)

Signed or attested before me on this _____ day of _____, 20 _____

by _____ .

Notary Public for Oregon

My Commission expires _____

TEMPORARY HARDSHIP DWELLING STANDARDS:

One manufactured dwelling, or the conversion of an existing building to a temporary residence, may be approved as a temporary use for the term of a hardship suffered by the existing resident or relative of the resident, subject to the following:

1. The resident or relative of the resident is aged, infirm, or for health-related reasons is incapable of maintaining a complete separate residence. Documentation of the hardship is required, such as a letter from a doctor.
(Attach a letter from a doctor or provide evidence that the person with the hardship is aged, infirm, or for health-related reasons, cannot maintain a complete separate residence. If aged 70 years or more, you may provide copy of a driver's license or copy of a birth certificate instead of the letter from a doctor.)
2. The permit for the temporary dwelling shall be valid for a period of two years (or a shorter period as determined appropriate by the Director or hearings body) but may be renewed if the circumstances of the hardship still exist. There is a separate fee for the renewal. A permit may be revoked by the Director at any time, if any of the reasons for which the permit was granted are no longer applicable, or if any imposed condition is violated.
3. The permit for the temporary dwelling for the term of hardship shall be granted to the applicant only and shall not be deemed to run with the land.
4. The temporary dwelling shall use the same subsurface sewage disposal system as the existing dwelling, if that disposal system is adequate to accommodate the additional dwelling. A septic evaluation by the county Sanitarian will be required prior to approval of building permits to place the manufactured home. There is a separate fee for the septic evaluation. If the two homes are sharing a system, the system will need to be inspected by the county Sanitarian at least every four years. There is a separate fee for that inspection.
5. The temporary dwelling shall be removed when it is no longer needed to house the person that required special care.

A request for a temporary permit for a health hardship is also subject to the conditional use review criteria found in Section 1202.02 of the Yamhill County Zoning Ordinance.

THE APPLICATION MUST INCLUDE:

1. Completed application form, signed by the applicant and property owner (if different). The owner's signature must be notarized.
2. Documentation of hardship (doctor's letter).
3. Site Plan showing existing buildings, access, location of septic system and proposed location for temporary hardship dwelling.
4. Filing Fee - (Make check payable to Yamhill County)

NOTE: Fees are not refundable.

PHYSICIAN'S CERTIFICATE

As set forth below, the Yamhill County Zoning Ordinance provides for the placement of a manufactured home as an additional home-site when certain hardship conditions exist.

Temporary Use of a Manufactured Home or an Existing Building for the Term of Hardship

The use of a manufactured home on a temporary basis during a family hardship condition may be approved as a Conditional Use. A permit may be granted for a period of not more than two years and may be renewed for successive periods of two years if evidence is provided that the hardship condition relates to the aged, the infirm, or to persons otherwise incapable of maintaining a complete separate residence apart from their family, and also whether the requested use will be relatively temporary in nature. It is not the intent of this provision to subvert the intent of the underlying zoning district by permitting more than one permanent residence on each property. In granting the request for temporary use of a manufactured home, conditions are imposed that will preclude the possibility of such temporary use becoming permanent. The following Physician's Certificate must be completed and submitted with the temporary hardship conditional use application.

A medical doctor shall sign a statement indicating the physical or mental condition that prevents the person(s) with the hardship from providing the basic self care needed to live on a separate parcel. The statement shall also attest that the physician is convinced the person(s) with the hardship must be provided the care so frequently or in such a manner that the caretaker must reside on the same premises.

This is to certify that _____ is a patient of mine and is physically
(Please print or type name of patient)

handicapped due to _____
(Please print or type brief explanation of condition)

It is my opinion that this physical condition requires care and attention and the above-named person should be permitted to reside nearby one who can give aid and comfort when the need arises.

Doctor's Signature: _____

Doctor's Name: _____
(Please print or type)

Doctor's Address: _____

Doctor's Phone Number: _____ Date: _____