

www.co.benton.or.us/cd

#### APPLICATION

TEM	<b>IPORARY MEDI</b>	CAL HAR	DSHIP MANUFACT	URED DWELLING
		(Non-R	esource Zone)	
File #				Fee: \$
				(SEE CURRENT FEE SCHEDULE)
			ATTACH ADDITIONAL S APPLICATION IS DETERM	
I. <u>Property Owner(s</u>	) Information			
Name(s):				Phone #1:
Mailing Address:				Phone #2:
City:	State:	Zip:	Email:	
II. <u>Applicant Informa</u>	<u>tion</u>			
Name(s):				Phone #1:
Mailing Address:				Phone #2:
City:	State:	Zip:	Email:	
Other individuals to be no	otified of this applic	ation: Nam	ie, Address, City & Zip, d	or Email
III. <u>Property Informat</u>				
Site Address:				
Assessor's Map & Tax L	ot Number: T	S, R	W, Section(s)	, Tax Lot(s)
Acreage:2	Zoning:	District:		
Water Supplied By: Sewage Disposal Ty				be:
Existing Structures:				
Current use(s) of the pr				
IV. Request Summary	(Example: "Establ	ish a modic	hardship for the care	of my mother")

**V.** <u>Attached Documentation:</u> With all land use applications, the "burden of proof" is on the applicant. It is important that you provide **ALL** the information listed on the following pages at the time you submit your application. The processing of your application does not begin until the application is determined to be complete.

Name of person who will occupy manufactured dwelling:

### **Attachments**

Signed "Medical Need Statement" form (see page 3).

- □ Signed "Authorization to Use or Disclose Health Information" form (see page 4).
- □ A copy of deed covering the subject property, showing the current ownership of the land.
- □ A copy of any easements for or on the subject property.

□ A scale drawing of the property boundaries. Include the locations of existing and proposed structures (house, garage, shop, barn, manufactured home, well, septic tank and drain field, driveway, setbacks, etc.). Label all tax lots.

□ Is the only access or proposed access to the property via a road that crosses a railroad? \_\_\_\_\_\_ If yes, please draw the location on your map and explain here: \_\_\_\_\_\_

## I understand that the following restrictions apply:

- 1. This permit must be renewed annually.
- 2. Tenancy of the manufactured dwelling shall be limited to the family member identified above.
- 3. This permit is valid only for the owner(s) of the property and does not transfer to a new owner.
- 4. The manufactured dwelling must be removed upon sale of the property or within three months of when the need for the manufactured dwelling no longer exists.
- 5. The manufactured dwelling shall be connected to the existing water supply and septic system, if authorized by the County Sanitarian.
- 6. Installation of a second septic system does not vest a right to a second permanent residence.
- 7. Additional permits are required to connect to the septic system or install a new system, to place the manufactured dwelling, and to make electrical and plumbing connections. If the manufactured dwelling is connected to the existing septic system, continued use must be authorized by the County Sanitarian every two years.
- 8. A covenant recognizing the aforementioned items will be required.
- 9. A covenant recognizing resource use on adjacent farm or forest land will be required, if applicable.

**Note:** The temporary placement of a Medical Hardship Dwelling may require improvement of the driveway to the standards of the fire district. Applicants are encouraged to contact their fire district and the Community Development Department for more information.

#### Assessed Property Value Notice

This action or any future related action(s), if approved, may result in a change to my property valuation, and therefore the tax amount I pay annually. I will contact the Assessor's Office at 541-766-6855 to discuss and understand potential property tax impacts.

### $\Box$ I understand

I hereby certify that I am the legal owner or contract purchaser of the above noted property; that the information contained herein is true and accurate to the best of my knowledge; that the requested permit will

not violate any deed restrictions attached to the property involved; and that I will acknowledge the above restrictions by signing a deed covenant for recording in the County Deed records.

Owner/Contract Purchaser Signature	Date		Owner/Contract Purchaser Signature	Date
For Office Use Only: Application Submitted:		Staff Received:	File Number: LU	
Planner Assigned:		Date Application Deemed Complete:		

## Medical Need Statement

Name of Patient: \_\_\_\_\_\_ (for two patients, photocopy this form)

#### To be completed by the attending physician:

Describe the daily health care needs of the patient listed above and the exact assistance he/she requires:

Based on my medical examination of my above-mentioned patient and my knowledge of his/her medical situation:

- I certify that the temporary residence is necessary to provide adequate and immediate health care for the family member who needs close attention and daily assistance.
- I certify that this family member would otherwise be required to receive needed attention from a hospital or care facility.

Attending Physician's Signature

Attending Physician's Printed Name

Phone Number

Date

Clinic/Facility Name

**Note to the attending physician:** If you have any questions, please contact the Benton County Community Development Department at (541) 766-6819.

# Authorization to Use or Disclose Health Information

Name of person requiring care: \_\_\_\_\_

- 1. I authorize the use or disclosure of the above named individual's health information as described below.
- 2. The following individual(s) or organization(s) are authorized to make the disclosure: Benton County and its Community Development Department.
- 3. The type of information to be used or disclosed is as follows: All medical information submitted pursuant to this medical hardship dwelling application, including, but not limited to, medical chart information, communications to and from my physicians, diagnosis and medication reports and all other medical information submitted to substantiate the need for a medical hardship dwelling.
- 4. The information identified above may be used by or disclosed to the following individuals or organization(s): Benton County, a political subdivision of the State of Oregon, the Benton County Planning Commission, and any other persons entitled, under law, to receive information relating to this land use application.
- 5. This information for which I'm authorizing disclosure will be used for the following purpose: To comply with land use notification and public hearing requirements that all application materials be made available to the public upon request and/or pursuant to state and local laws and regulations.
- 6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Planning Official. I understand that written revocation will constitute a withdrawal of the application for a medical hardship dwelling. I further understand that the revocation will not apply to information that has already been released in response to this authorization.
- 7. This authorization will remain in effect for the duration of the retention period of the land use file under state archive laws.
- 8. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
- 9. I understand authorizing the use or disclosure of the information identified above is voluntary.

Signature of Applicant

Date

Signature of Person Requiring Care Date

If signed by a legal representative, printed name and relationship to applicant: