



**Benton  
County**

**COMMUNITY DEVELOPMENT  
DEPARTMENT**

Office: Kalapuya Building  
4500 SW Research Way  
Corvallis, OR 97333  
(541) 766-6819  
www.co.benton.or.us/cd

**ADMINISTRATIVE REVIEW**

**TEMPORARY DWELLING FOR MEDICAL HARDSHIP  
(Non-Resource Zone)**

File # \_\_\_\_\_

Fee: \$ \_\_\_\_\_  
(SEE CURRENT FEE SCHEDULE)

**ALL SECTIONS MUST BE COMPLETED. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
REVIEW WILL BEGIN ONLY WHEN THE APPLICATION IS DETERMINED TO BE COMPLETE**

**I. Property Owner(s) Information**

Name(s): \_\_\_\_\_ Phone #1: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**II. Applicant(s) Individuals Applying for Medical Hardship Approval  (check if same as Property Owners)**

Name(s): \_\_\_\_\_ Phone #1: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Other individuals to be notified of this application: Name, Address, City & Zip, or Email

**III. Site of Proposed Development  (check if different than mailing address)**

Street Address: \_\_\_\_\_  
Map and Taxlot: T \_\_\_\_\_ S, R \_\_\_\_\_ W, Section(s) \_\_\_\_\_, Tax Lot(s) \_\_\_\_\_  
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Contiguous parcels in T \_\_\_\_\_ S, R \_\_\_\_\_ W, Section(s) \_\_\_\_\_, Tax Lot(s) \_\_\_\_\_  
same ownership: T \_\_\_\_\_ S, R \_\_\_\_\_ W, Section(s) \_\_\_\_\_, Tax Lot(s) \_\_\_\_\_  
T \_\_\_\_\_ S, R \_\_\_\_\_ W, Section(s) \_\_\_\_\_, Tax Lot(s) \_\_\_\_\_

**IV. Name of person(s) with medical hardship, relation to property owner, the general nature of their medical need, and proposed occupancy of primary dwelling and the temporary dwelling:**

(Note: You may identify more than one person at a time who is in need of the medical hardship, but they must be the property owner or an immediate relative of the property owner(s))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Caregivers(s): \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_

Caregiver's Relations to Applicant(s) with medical hardship (**add names to distinguish multiple applicants**):

- Child
- Grandchild
- Sibling
- Parent
- Grandparent
- Stepsibling
- Stepparent
- Stepgrandparent
- Niece
- Nephew

Existing Structures on Property: \_\_\_\_\_

Current uses on the Property: \_\_\_\_\_

### Property Details

Acreage: _____	Property Created By: _____	In: _____
Zoning: _____	Fire District: _____	
Sewage Disposal Type: _____	Year _____	Water supplied by: _____
Floodplain/Wetlands? <input type="checkbox"/> Yes <input type="checkbox"/> No	Historic structure on property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Protected Species/Habitat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property adjacent to Farm/Forest Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
other dwellings on property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property access crosses railroad? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Attachments (application is incomplete without all requested attachments)

- Signed "**Medical Need Statement**" (see page 4)
- Signed **letter** from attending physician on original letterhead
- Signed "**Authorization to Use or Disclose Health Information**" form (see page 5)
- A copy of deed covering the subject property/tract, 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.). If current or proposed access crosses a railroad, please describe and draw the location.  
Label all tax lots

**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 Applicant(s) identified above and their immediate family.
3. This permit is valid only for the owner(s) of the property and does not transfer to a new owner.
4. If the medical hardship approval is no longer valid, either the temporary dwelling or the primary dwelling must be removed upon sale of the property or within three months.
5. Additional permits are required to place the temporary dwelling, to make electrical and plumbing connections, or to connect the temporary dwelling to an existing or a new septic system.  
Installation of a second septic system does not vest a right to a second permanent residence.
6. The temporary dwelling shall be connected to an existing water supply and septic system, if authorized by the County Sanitarian.  
If the manufactured dwelling is connected to an existing septic system, continued use must be authorized by the County Sanitarian every two years.  
**\* Check with Environmental Health to determine if alteration or repairs will be required.**
7. A covenant recognizing the aforementioned items will be required.
8. If your property is within 300-feet of land zoned for farm/forest use, a covenant recognizing resource use on adjacent land will be required.

**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.

**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

### TEMPORARY USE OF A MOBILE HOME DURING A MEDICAL HARDSHIP.

A manufactured dwelling may be allowed as an accessory use to a dwelling in any zone in order to alleviate a medical hardship.

A bonafide medical hardship shall be substantiated by a statement from the applicant's attending physician that the manufactured dwelling is necessary to provide adequate and immediate health care for a relative who needs close attention and who would otherwise be required to receive needed attention from a hospital or care facility.

In considering this request, Benton County Community Development must find that the hardship condition relates to the criteria and that the request will be temporary in nature. It is not the intent of this provision to permit more than one permanent residence on a property. Conditions may be imposed that will preclude the possibility of this temporary dwelling becoming a permanent dwelling.

The attending physician, therapist or professional counselor of the applicant(s) **shall sign this statement and attach a signed letter on original letterhead** for each applicant attesting to the nature of their requirement of care that, do to its frequency and/or manner, requires a resident caretaker to alleviate a hardship.

#### **TO BE COMPLETED BY PHYSICIAN, THERAPIST OR PROFESSIONAL COUNSELOR**

This is to certify that the person listed below is my patient:

\_\_\_\_\_

(Please print or type name of patient)

I have included a signed statement that is my opinion that this person has a medical or physical hardship that requires care and attention in the fashion described above, and the named patient should be permitted to reside near a caretaker in order to facilitate proper care.

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

Physician Name: \_\_\_\_\_ ID/License # \_\_\_\_\_  
(Please Print or Type)

Address: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**Note to the attending physician:** You must complete and sign this form and attach a signed letter on original letterhead describing the general nature of this individual's need. Do this for each applicant if there are multiple.

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:  
\_\_\_\_\_



## SITE PLAN CHECKLIST

**FAILURE TO INCLUDE ALL APPLICABLE INFORMATION IN THIS CHECKLIST WILL RESULT IN A  
DELAY OF YOUR BUILDING PERMIT.**

Your Site Plan will be reviewed for acceptance using the following requirements. This information is REQUIRED to process your permit application. Your attention to these details will keep your permit moving through the processing steps. Please verify that your site plan contains each of the elements listed below. Refer to the example on the back of this sheet. Thank you for your cooperation.

<b>GENERAL INFORMATION</b>	
<input type="checkbox"/> Owner's name, address, and contact info.	<input type="checkbox"/> Lengths of all property lines
<input type="checkbox"/> Map and Tax lot number and address of parcel (if addressed)	<input type="checkbox"/> Indicate direction and percent of slope (elevation change) of building site. Existing and proposed contour lines at 5 ft intervals
<input type="checkbox"/> Name of street/road and names of intersecting streets/roads	<input type="checkbox"/> Identify any erosion or landslide areas as well as any potential unstable slopes greater than 15%
<input type="checkbox"/> North Arrow	<input type="checkbox"/> Indicate all areas on the property in the floodplain, if applicable
<input type="checkbox"/> Scale – MUST BE DIVISIBLE BY 10 Example – Scale: 1" = 40'	<input type="checkbox"/> Indicate all natural features and direction of all water courses & drainage ways. Natural features include: creeks, rivers, ponds, lakes, wetlands, ravines, and cliffs.
<input type="checkbox"/> Driveway location, width, and length	
<input type="checkbox"/> Elevation changes	
<input type="checkbox"/> Site plans must be drawn on 11"x17" paper	
<b>STRUCTURES*</b>	
<input type="checkbox"/> Indicate each structure on the property. For each, list use (dwelling, garage, barn, etc.) and "existing" or "proposed". Note any structures being removed or added on to	*Structures include: all commercial and non-commercial buildings, dwellings, shops, barns, equine facilities, sheds, propane tanks, pump houses, etc.
<input type="checkbox"/> Indicate roof overhang lines and any decks, porches, retaining walls, or propane	
<b>DIMENSIONS AND DISTANCES</b>	
<input type="checkbox"/> Dimensions of all structures and additions	<input type="checkbox"/> Distance of proposed structure from all property lines
<input type="checkbox"/> Distance of proposed structure from edge of road and from right-of-way (front property line)	Distance of proposed structure from the septic system (tank, lines, and replacement area)
<input type="checkbox"/> Distance of proposed structure from adjacent structures on the property and on adjacent property (if less than 50')	<input type="checkbox"/> Distance of proposed structure from all natural features
<b>SEPTIC, WATER, and EASEMENTS</b>	
<input type="checkbox"/> Location of septic tank, drop box, drainfield, and replacement drainfield or location of sewer line	<input type="checkbox"/> Location of wells (or water source) on property, and adjacent properties if less than 100', and distance to drainfield and structures
<input type="checkbox"/> Distances of septic tank, drainfield, and replacement drainfield from proposed structures	*It is the owner/applicants responsibility to show all easements on property and to comply with the provisions of the easement

For more information about your property, please visit the Benton County website at [www.co.benton.or.us](http://www.co.benton.or.us) and click on "Maps & GIS". Tax lot boundaries, zoning, contours, natural features, floodplain, etc., are available.

# SAMPLE PLOT PLAN

Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Address: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

& Lot # \_\_\_\_\_

