



Klamath County Planning Department

Klamath County Government Center - 305 Main Street, Klamath Falls, Oregon 97601
Phone 1-541-883-5121 option 4 ~ Fax 1-541-885-3644

Temporary Use Permit – Medical Hardship Application

Submittal Requirements (Please include the following with the application and the application fee.)

- _____ 1. Land Use Application Form and Doctor Certification that a medical hardship exists.
- _____ 2. Written Statement of Proposal indicating what you are proposing with this application.
- _____ 3. Burden of Proof
- _____ 4. Proof of Ownership (current deed)
- _____ 5. Power of Attorney or Agent for Owner Authorization Form
(if someone other than the property owner is signing the application form)
- _____ 6. Proof of Lawful Creation
(copy of all deeds for the property from April 23, 1979 through current deed,
or land partition number, or legal subdivision lot number if applicable)
- _____ 7. Proof of Legal Access to the property from a Public Road
(if the property is not on a public road, provide all recorded easements)
- _____ 8. Site Plan including the following:
 - _____ a. Street address *and/or* assessor's map & tax lot number of subject property.
 - _____ b. Dimensions of property, scale and north arrow.
 - _____ c. Location, name, width and surface type of adjacent streets.
 - _____ d. Location, dimensions and surface type of existing or proposed driveways or parking areas; indicate vehicular circulation pattern.
 - _____ e. Location, dimensions (including height), and use or occupancy of all existing and proposed structures on the property, including accessory structures, decks, balconies and other structural elements.
 - _____ f. Distance from property lines to existing and proposed structures, septic tanks, drain lines and wells (including adjacent property).
 - _____ g. Location of water and drainage features and the flow direction of any ponds, channels, creeks, swales or other drainage facilities affecting the proposed use.
 - _____ h. Location, type and dimensions of proposed on-site sewage disposal and water supply, if any.
 - _____ i. Location and descriptions of any topographic or developed features on the site.
 - _____ j. Location and dimensions of all easements.
 - _____ k. Signature of Property Owner or Authorized Agent
 - _____ l. Other appropriate information that may affect development of this property.



Klamath County Planning Dept. **Land Use Application Form**

Temporary Use Permit – Medical Hardship

Filing Fee: _____

File No. _____

Applicant

Name: _____ Phone#1 _____

Address: _____ Phone #2 _____

City: _____ State: _____ Zip: _____

E-mail: _____

Property Owner (if different than above)

Name: _____ Phone#1 _____

Address: _____ Phone #2 _____

City: _____ State: _____ Zip: _____

E-mail: _____

Property Description

Assessor's Map & Tax Lot Number:

Township _____ Range _____ Section _____ Tax Lot(s) _____

Street Address: _____

Acreage _____ Zoning _____

Current use(s) of the property _____

List all adjoining properties under the same ownership:

Signatures

I hereby certify that I am the legal owner(s), or authorized agent for the owner(s), of the above noted property; that the information contained herein is accurate to the best of my knowledge; and that the requested land use permit will not violate any deed restrictions attached to the property.

Owner/Authorized Agent

Date

Owner/Authorized Agent

Date

If an Agent is acting on behalf of the Legal Property Owner, a notarized AGENT FOR OWNER AUTHORIZATION FORM must be submitted with this application.

BURDEN OF PROOF STATEMENT

In order to be granted approval, it is the applicant's responsibility to demonstrate that the following criteria have been met. Please answer the following questions.

Article 42.050 – Review Criteria and Standards

A. Does the temporary use meet all applicable criteria and standards of this code?

B. Explain how the temporary use, its location, size design and operating characteristics will not have a significant adverse impact on the livability, value or appropriate development of abutting properties and the surrounding area.

C. Hardship dwellings shall meet the following criteria:

1. Has the medical hardship been certified by a licensed physician?

2. Is the manufactured dwelling or recreational vehicle connected to the existing sewage disposal system, except when the County Environmental Health Division determines that an existing system is inadequate and cannot be made adequate?

3. Is the manufactured dwelling or recreational vehicle located as close as practical to the existing primary residence?

4. Indicate that the manufactured dwelling or recreational vehicle will be removed from the property when the hardship condition ceases.
