21-000023

**CURRY COUNTY COMMUNITY DEVELOPMENT**
**94235 MOORE STREET, SUITE 113**
**GOLD BEACH, OREGON 97444**

***Becky Crockett***
***Planning Director***

***Phone (541) 247-3228***
***FAX (541) 247-4579***

File # AD-2102 Fee $ 500 Receipt # _____ Accepted by NCO.

## LAND USE DECISION APPLICATION FORM

Application Type (Check One)

☐ Comp Plan/Zone Change ☒ Conditional Use ☐ Variance ☐ Partition ☐ Subdivision ☐ Development Permit

Application Date: _____ Hearing / Decision Date: _____

***APPLICANT: Please complete all parts of this form. The attached application checklist will be marked by staff to reflect the information and supporting items required for this request. Please return this prepared checklist, the completed application form and required fee at the time of submission. Please note that your application cannot be reviewed or processed until all the required items have been provided.***

1. ✓ **PROPERTY OWNER OF RECORD**

   Name BARBARA, ROBERT & FREDERICK WILSON

   Mailing Address: _____

   City, State, ZIP: _____

   Telephone #: _____ E-Mail _____

2. ✓ **APPLICANT**

   Name BARBARA WILSON

   Mailing Address: _____

   City, State, ZIP: _____

   Telephone #: _____ E-Mail _____

3. **AGENT** (If Any)

   Name: _____

   Mailing Address: _____

   City, State, ZIP: _____

   Telephone # _____ E-Mail _____

4. ✓ **BASIC PROPOSAL** (Briefly describe your proposed land use)

   HARDSHIP PERMIT TO ALLOW FREDERICK WILSON TO RESIDE IN A TRAVEL TRAILER ON PROPERTY.

5. ✓ **PROPERTY INFORMATION**

   Assessor Map # 40S-33AA Tax Lot (s) 400

   Zoning: RR-5 Total Acreage 1.43 ACRES



RECEIVED 2/1/2021

6. **PROPERTY LOCATION**

Address (if property has a situs address) 17265 MOUNTAIN DRIVE, BROOKINGS

Description of how to locate the property TAKE NORTH BANK ROAD (FROM HWY 101) 2.2 MILES TO A LEFT @ MOUNTAIN DR. PROPERTY IS APPROX. 8/10 OF A MILE ON RIGHT.

7. **EXISTING LAND USE** (briefly describe the present land use of the property)

☐ Vacant ☑ Developed; Describe existing development

PROPERTY HAS A TWO BEDROOM HOUSE AND A POLE BARN.

8. **SURROUNDING LAND USES** (Briefly describe the land uses on adjacent property)

RESIDENTIAL ON LARGE LOTS.

9. **SERVICE AND FACILITIES AVAILABLE TO THE PROPERTY**

Please indicate what services and facilities are available to the property. If on-site sewage disposal and/or water source is proposed, a copy of the approved site evaluation or septic system permit and a copy of any water rights or well construction permit must be submitted with this application.

Water Source CITY OF BROOKINGS

Sewage Disposal SEPTIC

Electrical Power COOS CURRY ELECTRIC

Telephone Service CELL

Fire Department/District BROOKINGS RURAL FIRE DEPT.

School District BROOKINGS

10. **ROAD INFORMATION**

Nearest Public Road NORTH BANK RD.

Private Roads Serving the Property MOUNTAIN DR.

Road Condition GOOD PAVED ROAD

Legal Status

Ownership: I own the road ☐ Easement on others property ☐ Joint Owner ☐

Please submit record of ownership (i.e. deeds, easement, plat dedication, etc)

Proposed New Roads/Driveways (Briefly describe any new road construction related to this application

NONE REQUIRED

## 11. PHYSICAL DESCRIPTION OF THE SUBJECT PROPERTY

Topography (Briefly describe the general slope and terrain of the property) MOSTLY AREA AROUND HOUSE & POLE BARN FLAT. STEEP TO MODERATE SLOPE OTHERWISE

Vegetation (Briefly describe the vegetation on the property)
TREES & NATURAL VEGETATION SUCH AS FERNS & GRASSES.

## 12. FINDINGS OF FACT

Oregon Statute and the zoning ordinance requires that land use decisions be supported by factual findings. The burden of proof is on the proponent therefore it is required that the application provide findings to support the request in this application. The standards and criteria that are relevant to this application will be provided by the staff and are considered to be a part of this application form. Please read the standards and criteria carefully and provide factual responses and evidence to address each standard. These findings must be sufficiently specific to allow the decision maker to determine whether your request meets the relevant standard. Please attach your written findings and supporting evidence to this application.
FAILURE TO PROVIDE THE REQUIRED FINDINGS WILL PREVENT THE APPLICATION FROM BEING PROCESSED AND IT WILL BE RETURNED AS BEING INCOMPLETE.

## 13. APPLICANT'S SIGNATURE AND STATEMENT OF UNDERSTANDING

(Please read the statement below *before* signing the signature blank)

I (We) BARBARA WILSON;
ROBERT WILSON;
FREDERICK WILSON;
_____; have filed this application for
_____

With the Curry County Department of Community Development-Planning Division to be reviewed and processed according to State of Oregon and county ordinance requirements. My (our) signature (s) below affirms that I (we) have discussed the application with the staff, and that I (we) acknowledge the following disclosures:

(a) I (we are stating all information and documentation submitted with this application is true and correct to the best of my (our) knowledge.

(b) I (we) understand that if false information and documentation has been submitted and the decision is based on that evidence, the decision may be nullified and the county may seek all legal means to have the action reversed.

(c) I (We) understand any representations, conclusions or opinions expressed by the staff in pre-application review of this request do not constitute final authority or approval, and I (we) am (are) not entitled to rely on such expressions in lieu of formal approval of my (our) request.

(d) I (We) understand that I (we) may ask questions and receive input from staff, but acknowledge that I (we) am (are) ultimately responsible for all information or documentation submitted with

this application. I (We) further understand staff cannot legally bind the county to any fact or circumstance which conflicts with State of Oregon or local ordinance, and in event a conflict occurs, the statement or agreement is null and void.

(e) I (We) understand that I (we) have the burden of proving that this request meets statutory and Ordinance requirements, and I (we) must address all of the criteria that may apply to the decision being made. The criteria for approving or denying this request have been provided to me (us) as a part of the application form.

(f) I (We) understand the staff is entitled to request additional information or documentation any time after the submission of this application if it is determined as such information is needed for review and approval.

(g) I (We) understand this application will be reviewed by the Oregon Department of Land Conservation & Development (DLCD) and possibly other state agencies as part of the statewide land use coordination process. I (We) understand that agencies that participate in the review process have the legal right to appeal the approval of the request.

(h) I (We) understand that it is my (our) responsibility, and not the county's, to respond to any appeal and to prepare the legal defense of the county's approval of my (our) request. I (We) further realize it is not the county's function to argue the case at any appeal hearing.

(i) I (We) understand that I (we) am (are) entitled to have a lawyer or land use consultant represent me (us) regarding 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 most land use decisions, I (we) understand that it may be in my best interests to seek professional assistance in preparation of this application.

(j) The undersigned are the owner (s) of record for the property described as:

Assessor Map(s) 4013-33AA

and Tax Lot(s) 400

in the records of Curry County.

This application MUST BE SIGNED BY ALL PROPERTY OWNERS OF RECORD, or you must submit a notarized document signed by each owner of record who has not signed the application form, stating that the owner has authorized this application.

(1) Signature Barbara J. Wilson

Print Name BARBARA J. WILSON

(2) Signature Frederick A. Wilson by Barbara J. Wilson P.O.A.

Print Name FREDERICK A. WILSON BY BARBARA J. WILSON P.O.A.

(3) Signature Robert J. Wilson

Print Name ROBERT J. WILSON

(4) Signature _____

Print Name _____

## CURRY COUNTY COMMUNITY DEVELOPMENT-PLANNING DIVISION
## FINDINGS FORM FOR HARDSHIP DWELLING REQUEST

**Applicant: Please fill out the following form and submit with your other supporting documents for a Hardship Dwelling conditional use permit request. The items listed below are the decision criteria from the Curry County Zoning Ordinance. Please answer the items with as much detail as possible. Your answers will largely determine whether your request is approved or denied.**

**Curry County Zoning Ordinance**
**SECTION 7.040 (17) Hardship Dwelling.**

*a) the hardship dwelling shall be a manufactured or mobile home that can be removed from the site once the hardship need has ended;*

**The hardship dwelling must be a manufactured or mobile home*. What type of structure are you proposing as the hardship dwelling?**
*OAR 660-004-0040(7)(f) allows for use of a recreational vehicle as a hardship dwelling if you are in a Rural Residential (RR), Timber (T), or Forestry-Grazing (FG) zone.
**PLEASE BE SPECIFIC. PLEASE USE THE BACK IF YOU NEED ADDITIONAL SPACE.**

WE ARE PROPOSING TO GET A TRAVEL TRAILER

b) the hardship dwelling shall use the same on-site sewage disposal system as the existing dwelling if public sewage disposal service is not available;

**The hardship dwelling must use the same septic system as the existing home. An additional system is prohibited. How are you proposing to provide sewage disposal to the hardship dwelling? PLEASE BE SPECIFIC. PLEASE USE THE BACK IF YOU NEED ADDITIONAL SPACE.**

THE EXISTING SEPTIC IS SET UP FOR A 4 BDRM HOUSE. THE EXISTING HOUSE IS ONLY 2 BDRM. NEAR THE POLE BARN IS AN RV HOOKUP FOR ELECTRICAL & SEWAGE & WATER

*c) the need for the hardship dwelling shall be verified by a medical doctor by a written certification explaining the reasons why the resident of the hardship dwelling has to be located in close proximity to the existing dwelling;*

**You must provide a letter from your doctor explaining why the hardship dwelling is necessary for medical reasons. Please bring this form with you to your doctor and discuss with him/her the need for their certification. Your doctor may explain the medical need and sign in the block provided below, or provide a separate letter.**
**Do you have a letter from your doctor as to the medical necessity for the hardship dwelling?**
**PLEASE BE SPECIFIC. PLEASE USE THE BACK IF YOU NEED ADDITIONAL SPACE.**

(LETTER ATTACHED)

*d) the applicant shall agree to provide the county a new written certification from a doctor as to the continuing need for the hardship dwelling every year after the initial approval of the conditional use permit;*

**If your conditional use request is granted you will be required to provide a new doctor's certification annually.**

**I/We** *(name(s)* ROBERT, FREDERICK AND BARBARA WILSON **agree to provide annual medical certification of the continuing need for the hardship dwelling if our conditional use request is granted.** Frederick A. Wilson by Barbara J. Wilson P.O.A.

Barbara J. Wilson Robert J. Wilson 1/26/21

**Signature of applicant(s)** **Date**

*e) the county will provide notice as per Section 2.070 each time renewal of the hardship is requested and public comment received will be considered in the decision regarding the renewal of the permit; and*

**Each year the County is required to provide notice of the renewal of the hardship dwelling request to surrounding properties owners. Their comments, if any, may be considered in the County's decision to renew the conditional use permit.**

*f) the applicant shall sign an agreement to remove the hardship dwelling once the resident of the hardship dwelling no longer has the need to reside in close proximity to the existing dwelling.*

**If your request for the hardship dwelling is approved you will be required to sign and notarize the attached agreement and return it to the County. The agreement to remove the hardship dwelling will become a permanent record on the subject property. Once the hardship is no longer needed you will be required to remove the hardship dwelling.**

## AGREEMENT TO REMOVE TEMPORARY HARDSHIP DWELLING UPON TERMINATION OF HARDSHIP

**State of Oregon }**
**County of Curry }ss**

**The undersigned are owners of property on which has been established a Temporary Hardship Dwelling as a Conditional Use through Curry County Land Use Decision AD-_____. The subject property is designated as Assessor Map and tax lot: 4013-33AA-400 in Curry County, Oregon. The Deed Reference Number for the property is _____.**

**As the owner of this property I/we hereby recognize the limitations placed on this dwelling under the above-referenced Conditional Use Permit. In accordance with Section 7.040(17)(f) of the Curry County Zoning Ordinance, I/we hereby agree to remove the temporary hardship dwelling approved when the resident of the hardship dwelling no longer has the need to reside in close proximity to the existing dwelling.**

**I/we also hereby recognize that if the temporary dwelling is not removed as set forth above, Curry County will consider the dwelling illegal and the subject property to be in violation of the Curry County Zoning Ordinance. If in violation, the County has the right to refuse granting of any further development permits, as defined under Section 1.030 of the Curry County Zoning Ordinance, or further land use approvals, until such time as the County considers the violation resolved.**

Frederick A. Wilson by Barbara J. Wilson P.O.A. Barbara J. Wilson
Robert J. Wilson

**Signature of applicant(s)**

~~1/26/21~~ 2/1/21 — **Date**

2/1/21 — **Date**

**On** Feb. 1st, 2021**, personally appeared before me the above named** Robert Wilson**, and** Barbara Wilson**, acknowledged the foregoing instrument to be a voluntary act.**

OFFICIAL STAMP
TESHA L BIRCHER
NOTARY PUBLIC-OREGON
COMMISSION NO. 971082
MY COMMISSION EXPIRES FEBRUARY 14, 2022

Tesha L Bircher
**Notary Public for Oregon**
**My Commission expires** Feb 14, 2022