

Grantor's Name and Address

Grantee's Name and Address

Height of this space to be
at least 2.25" in height to accommodate
County Assessor recording label

**GRANT OF DEED RESTRICTION - RESTRICTION OF USES
TEMPORARY MEDICAL HARDSHIP – RESOURCE ZONED LAND**

Grantor(s), _____, and Josephine County, a political subdivision of the State of Oregon, by and through its Community Development Director, on this _____ day of _____, 20_____, do hereby covenant and restrict for good and valuable consideration, including consideration other than money valued at \$1.00, regarding the use of certain real property described in the Assessor's records as T_____, R_____, Sec. _____--_____, Tax Lot _____, and as more particularly described in **Exhibit A**. The following declarations, restrictions and conditions are given and received in exchange for a permit to place a TEMPORARY second living area on the described property for the TEMPORARY duration of a medical hardship as shown on the floor plans herein identified as **Exhibit B**:

1. The medical hardship dwelling located on the real property is authorized pursuant to Article 43 of the Rural Land Development Code (RLDC) and ORS 215.283(2)(L) or ORS 215.755(2).
2. The medical hardship dwelling is TEMPORARY in duration.
3. One manufactured dwelling or recreational vehicle, or the TEMPORARY use of an existing building, as shown on **Exhibit B**, is allowed, by permit, in conjunction with an existing dwelling as a TEMPORARY use for the term of a hardship suffered by the existing resident or a relative of the resident.
4. The medical hardship dwelling is allowed, by permit, provided: besides the primary home, it is the only other area equipped for living quarter purposes on the property; the living area does not exceed the size or setback locations prescribed by the RLDC; the living area cannot be leased on a short term basis, meaning it cannot be rented for a period of less than thirty (30) days; the living area is serviced by a legal, approved sanitary waste disposal system and potable water.
5. Within three months of the end of the hardship, the manufactured dwelling or recreational vehicle shall be removed or demolished or, in the case of an existing building, the building shall be removed, demolished or, by permit, returned to an allowed nonresidential use.
6. The governing body or its designee shall provide for periodic review of the hardship claimed under this subsection.
5. Pursuant to the RLDC, Grantor(s) hereby grant the Community Development Director, or agents under the authority of the Community Development Director, permission to inspect the property and second living area to determine compliance with the covenants and restrictions contained in this agreement. Inspections shall only occur after the Planning Office provides advance telephone or written notice to the owner or tenant, whoever is in possession. Telephone notice shall be accomplished by personal telephone contact with the owner or tenant, whoever is in possession, at least 48 hours prior to the inspection. Written notice shall be accomplished by mailing to the owner or tenant, whoever is in possession, at least 7 days prior to the inspection. Written notices shall be mailed to the last known address in the Community Development Director's file, or if an address is not known, to the address shown in the Assessor's records.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE COUNTY PLANNING DIVISION TO VERIFY APPROVED USES.

Josephine County

Grantor(s)

Community Development Director - Date

STATE OF OREGON, County of _____ } ss.
On this _____ day of _____, 20_____, _____
_____, personally came before me, a Notary Public for the State of Oregon and the County of Josephine,
and executed the above *Grant of Deed Restriction – Restriction of Uses* and acknowledged to me that it was freely and voluntarily done.

NOTARY SEAL

Notary Public of Oregon
My commission expires _____