



TEMPORARY MEDICAL HARDSHIP DWELLING **APPLICATION**

This application must be completed in its entirety, signed, and notarized. Attach additional documentation as requested and will not be accepted otherwise.

GENERAL APPLICATION PROCEDURES AND REQUIREMENTS

- Obtain a **Medical Hardship Dwelling Application** from the Planning Division. Complete the front page of the application and the **Applicant's Statement of Understanding**. The owner, care provider, and dependent person must all sign the application. If you are unsure about any of the required information, please contact the Office Manager.
- Complete an accurate **Plot Plan** (drawing) of your property, showing location of the existing residence and the proposed **TEMPORARY** medical hardship dwelling (the required form is attached to this application).
- Take the **Doctor Certification** form to your **Oregon** licensed **MD, DO or NP** who can provide information regarding the illness or disability and have him/her sign the form (the required form is attached to this application).
- Complete the **Grant of Deed Restriction - Restriction of Uses**. The deed restriction is a notarized statement that **must be filed in the county's deed records (County Clerk)** for the property involved in this application, and **must** be signed by the owner. The purpose is to create a legal disclosure that the medical hardship dwelling is a **TEMPORARY** dwelling only and must be removed or converted when the hardship ends.
- Submit your completed application materials to the **Planning Division** with the required fee of **\$150.00**.
- Once a Planner determines the application meets the ordinance requirements, a **Development Permit** is issued for a fee of **\$300.00**. After the application is complete (*Application, Applicant's Statement of Understanding, Plot Plan, Physician's Certificate, Grant of Deed Restriction – Restriction of Uses*), the Planner processes the Development Permit. The Development Permit includes all property & proposal information.
- Take the issued **Development Permit** to the **DEQ** for their signature and for a septic permit, and to **Building Safety** for their signature and a placement permit (plumbing, electrical and setup). Additional fees may apply.
- Applicant returns a copy of **Building Safety** and **DEQ** signatures to the Planning Division.
- If a manufactured dwelling is the **TEMPORARY** medical hardship dwelling, please contact the **Assessor's Office** for information regarding trip permits, ownership documents, and property taxes.

(For Office Use)

DATE STAMP

Fees Paid: _____ Initials: _____

TEMPORARY MEDICAL HARDSHIP DWELLING APPLICATION

PROPERTY & APPLICATION INFORMATION

ASSESSOR'S LEGAL DESCRIPTION:

TWN _____ RNG _____ SEC _____ QQ _____ TAX LOT _____

TWN _____ RNG _____ SEC _____ QQ _____ TAX LOT _____

PROPERTY ADDRESS: _____

EXISTING ZONING: _____ PARCEL SIZE: _____

NATURE OF DISABILITY: _____

CARE PROVIDER'S NAME: _____

WILL OUTSIDE ASSISTANCE BE USED: _____ IF YES, HOW OFTEN AND WHO: _____

NAME & RELATIONSHIP OF DEPENDENT PERSON: _____

MAILING ADDRESS: _____

TYPE OF DWELLING (RV, MANUFACTURED DWELLING, CONVERSION OF EXISTING STRUCTURE):

IF AN EXISTING STRUCTURE IS BEING CONVERTED, PLEASE DESCRIBE THE CURRENT SIZE, USE AND THE PROPOSED MODIFICATIONS: _____

OWNERSHIP & APPLICANT INFORMATION

OWNER'S NAME: _____ TEL: _____

MAILING ADDRESS: _____

CARE PROVIDER'S NAME: _____ TEL: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

APPLICANT'S STATEMENT OF UNDERSTANDING

I, _____, have filed an application for a **TEMPORARY MEDICAL HARDSHIP DWELLING** with the Community Development Department – Planning Division to be reviewed and processed according to state and county requirements. My signature below affirms I have discussed my application with Planning Staff, and that I acknowledge the following disclosures:

1. I understand that any representations, conclusions or opinions expressed by staff in the pre-application review of this request do not constitute final authority or approval, and that I am not entitled to rely upon any such expressions in lieu of formal approval of my request.
2. I understand I may ask questions and receive input from the Planning Staff, but acknowledge that I am ultimately responsible for all information or documentation submitted with this application. I further understand the Planning Staff cannot legally bind the county to any fact or circumstance which conflicts with state or local laws, and in the event a conflict occurs, the statement or agreement is void.
3. I understand it is my responsibility to show my request meets code requirements, and I must provide all of the required documentation or information necessary to justify a permit. The standards for approving or denying my request for a **TEMPORARY MEDICAL HARDSHIP DWELLING** have been furnished to me as part of this application. The medical hardship does not automatically transfer with the property.
4. I understand the Planning Staff are entitled to ask for additional information or documentation any time after the submission of this application if it is determined such information is required for review and approval.
5. I understand the processing of my application may require a site visit, which may include officials from other agencies, and photographs are commonly taken. Advance notice of the visit will be provided when the site is a personal residence.

Date: _____

OWNER (*Owner signatures*)

OWNER (*Owner signatures*)

DEPENDENT PERSON

CARE PROVIDER

TEMPORARY MEDICAL HARDSHIP DWELLING

The Medical Hardship Dwelling Permit process allows the establishment of a TEMPORARY second dwelling for use in the care of a dependent person. The TEMPORARY medical hardship dwelling can be a manufactured dwelling, a recreational vehicle or a converted building. The medical hardship dwelling is TEMPORARY and can be used only as long as the medical hardship continues. A physician's statement establishing the disability and the need for on-site care is an absolute requirement for the permit. The permit must be renewed annually, including a new physician's statement for temporary conditions and verification of septic capacity from the DEQ. *Failure to renew the permit by the expiration date shall invalidate the authorization for the TEMPORARY dwelling.*

A "dependent person" is any person who suffers from a mental or physical disability so that on-site assistance is required to establish a non-institutional residence. A "care provider" is any person or persons who agree to assist a dependent person in residential living. The care provider may be the owner, a renter, or the applicant for the TEMPORARY second dwelling. If the care provider or applicant is someone other than the owner, the owner must also be a party to the application.

A *Development Permit* is issued once the Planning Division Office determines all of the required documentation and forms are complete. Notification of the neighborhood is not required, and the issuance of a medical hardship dwelling permit cannot be appealed. Be advised a permit cannot be issued if violation(s) of the Rural Land Development Code (RLDC) or State Buildings Codes are known/present.

A TEMPORARY medical hardship dwelling **IS NOT** intended to be a business opportunity whereby the dwelling is advertised as available housing to those with a hardship. It is a TEMPORARY dwelling for the original person identified on this application as needing care. *It is non-transferrable to a different dependent person.*

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2. Complete an accurate **Plot Plan** (drawing) of your property, showing location of the existing residence and the proposed TEMPORARY medical hardship dwelling (the required form is attached to this application).
3. Take the **Doctor Certification** form to your **Oregon** licensed **MD, DO or NP** who can provide information regarding the illness or disability and have him/her sign the form (the required form is attached to this application).
4. Complete the **Grant of Deed Restriction - Restriction of Uses**. The deed restriction is a notarized statement that must be filed in the county's deed records (County Clerk) for the property involved in this application, and *must* be signed by the owner. The purpose is to create a legal disclosure that the medical hardship dwelling is a TEMPORARY dwelling only and must be removed or converted when the hardship ends.
5. Submit your completed application materials to the **Planning Division** with the required fee of **\$150.00**.
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7. Take the issued **Development Permit** to the **DEQ** for their signature and for a septic permit, and to **Building Safety** for their signature and a placement permit (plumbing, electrical and setup). Additional fees may apply.
8. Applicant returns a copy of **Building Safety** and **DEQ** signatures to the Planning Division.
9. If a manufactured dwelling is the TEMPORARY medical hardship dwelling, please contact the **Assessor's Office** for information regarding trip permits, ownership documents, and property taxes.

I _____ hereby acknowledge and understand the above.
(Owner's signature)

Dated: _____
(Date signed)



Josephine County, Oregon

Community Development – Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

E-mail: planning@co.josephine.or.us

Rural Land Development Code (RLDC), Section 43.040 - ANNUAL RENEWAL

Unless specified in the Article otherwise, all temporary use permits shall be reviewed annually by the Community Development Director. A decision to renew a temporary use permit shall be processed using the review procedures as set forth in Article 22 of this Code. Annual renewals shall be governed by the following standards:

1. Annual renewals shall occur as close as practical to one calendar year from the date of issuance of the permit, but the Planning Director is authorized to collect and process renewals in groups or by calendar quarters, as may be convenient.
2. An application for renewal of a medical hardship dwelling, at a minimum, must be accompanied by the prescribed fee of \$50.00, a renewal statement from a medical doctor certifying continuance of the incapacity, and a written acknowledgment from the DEQ stating the dwelling continues to be served by an authorized sewage disposal system.
3. If Building Safety and the DEQ approvals are not obtained **PRIOR TO OCCUPANCY**, this approval permit may not be renewed, and a new application required.

DATE: _____ **TWN** _____, **RNG** _____, **SEC** _____ **QQ** _____, **TL** _____

OWNER'S NAME:

ADDRESS: _____

PLOT PLAN

SIGNATURE: _____ **DATE:** _____

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

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 dwelling on the described property for the temporary duration of a medical hardship:

1. The second dwelling located on the real property is authorized as a medical hardship dwelling pursuant to Article 43 of the Rural Land Development Code (RLDC). The second residence is TEMPORARY in duration and the permit must be renewed annually.
2. Section 43.030.A.2.h of the RLDC provides that the permit for the second dwelling shall terminate 90 days after the condition or occasion giving rise to the hardship ceases to exist, or the owner fails to renew the permit as required by Section 43.040 of the RLDC. Therefore, pursuant to Section 43.030.A.2.i of the RLDC, Grantor(s) covenant that within 90 days from the termination of the medical hardship permit the second dwelling shall be removed from the property, or, if a stick built structure or manufactured home either removed from the property, or, converted to an approved accessory structure. Conversion to an accessory structure is determined to be the removal of all kitchen appliances, fixtures, counters and cupboards; the removal of all bath tubs and showers, including fixtures, inserts, units, and tile surround; the removal of all beds or accommodations for sleeping purposes; and if a manufactured home, it also requires the removal of the HUD tag. Be advised both state and federal law prohibit occupancy of a manufactured home once the HUD tag has been removed. *Occupancy without a HUD tag is considered a serious offense.* A permit is required for the conversion to an accessory structure.
3. Pursuant to Section 43.030.A.2.g of 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 hardship structure 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.
4. Within 90 days from the termination of the hardship permit, Grantor(s) agree to apply for and obtain a Verification of Compliance as described in Section 43.030.A.2.i and j of the RLDC. In exchange, the Community Development Director covenants to promptly verify compliance and issue a Verification of Compliance to Grantor(s). The Verification of Compliance shall reconvey and terminate any and all rights granted to Josephine County under this instrument.

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

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 _____



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Doctor Certification For Temporary Use of a Medical Hardship Dwelling

Legal: _____

Property Owner: _____

I hereby certify that I am the licensed physician for _____.

The above named person is applying to Josephine County for approval to occupy a temporary dwelling on the above property, or is renewing an already approved temporary medical hardship authorization. A temporary dwelling is permissible for patients who suffer from a physical or mental infirmity. The infirmity must render them incapable of maintaining a complete, separate, and detached residence on a separate property and requires someone to be close by to assist them.

The infirmity MUST be a physical or mental impairment. Financial hardship, childcare, upkeep of home or property, or other convenience arrangements are not considered infirm conditions and will not qualify for approval of a temporary medical hardship permit.

In order to process this application, it is necessary that the patients' attending licensed physician certify that a physical or mental infirmity exists.

DOES THIS PATIENT REQUIRE CARE AS DESCRIBED ABOVE? YES NO

I certify 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:

Print Doctor's Name: _____

Medical License # _____ State _____

Doctor's Signature: _____

Date: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

REQUIRED

Medical Office Stamp Here

Must be an Oregon licensed **MD, DO or NP.**

INFORMATION CONTAINED ON THIS FORM IS PUBLIC INFORMATION PURSUANT TO ORS

192.420



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Applicant:

Please note that the attached **GRANT OF DEED RESTRICTION - RESTRICTION OF USES** must have a formal legal description of the property attached to it as *Exhibit A*. The legal description may be obtained from your deed, a title company, or the Assessor's Office. The legal description must be copied onto a separate sheet of paper, marked as "*Exhibit A*," and then attached to the deed restriction. After the Medical Hardship application is approved, the deed restriction, together with *Exhibit A*, must be recorded in the deed records in the County Clerk's Office, and a confirmed copy returned to the Planning Division who will then issue your *Development Permit*. If you have any questions, please contact the Planning Office at (541) 474-5421.



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PRIOR TO OCCUPANCY, both DEQ and Building Safety approvals must be obtained. A copy of this signed form must be returned to the Planning Division before the annual renewal or your permit may be revoked.

Date: _____

Property Owner(s): _____

Property Address: _____ Legal # _____

Note to Department of Environmental Quality (DEQ) & Building Safety:

Please sign off below when the property owner has obtained the required permits from your agency.

Department of Environmental Quality

221 Stewart Avenue, Ste. 201, Medford, OR 97501

541-776-6214

The property owner has completed the septic requirements for DEQ (*please attach a copy of your permit for our files*).

Not applicable: _____ Separate System _____ Large System _____ On Sewer

DEQ Signature

Date

Building Safety

700 NW Dimmick Street, Ste. A, Grants Pass, OR 97526

541-474-5405

The property owner has completed the building requirements for Building Safety.

Building Safety Signature

Date



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OPTIONS WHEN A TEMPORARY MEDICAL HARDSHIP IS NO LONGER NEEDED

Section 43.030.A.2.h of the RLDC provides that the permit for the second dwelling shall terminate 90 days after the condition or occasion giving rise to the hardship ceases to exist, or the owner fails to renew the permit as required by Section 43.040 of the RLDC.

Therefore, pursuant to Section 43.030.A.2.i of the RLDC, Grantor(s) covenant that within 90 days from the termination of the medical hardship permit the second dwelling shall:

A). Be removed from the property; or,

B). If a stick built structure or manufactured home, either removed from the property, or, converted to an approved accessory structure. Conversion to an accessory structure is determined to be the removal of all kitchen appliances, fixtures, counters and cupboards; the removal of all bath tubs and showers, including fixtures, inserts, units, and tile surround; the removal of all beds or accommodations for sleeping purposes; and if a manufactured home, it also requires the removal of the HUD tag. Be advised both state and federal law prohibit occupancy of a manufactured home once the HUD tag has been removed. *Occupancy without a HUD tag is considered a serious offense.* A permit is required for the conversion to an accessory structure.

I _____ hereby acknowledge and understand the above.
(Owner's signature)

Dated: _____
(Date signed)

**If you have additional questions,
please contact the Planning Division at (541) 474-5421**



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SELLING A PROPERTY WITH A TEMPORARY MEDICAL HARDSHIP DWELLING

If you plan to sell your property, it is **your** responsibility to call the Planning Office and close the temporary medical hardship and bring the property into compliance **before** closing on the sale of the property. The temporary medical hardship cannot be passed on to a person buying the property from you; it is non-transferrable. If the property is not brought into compliance before you sell, then you create a land use violation for the new owner.

Here are the steps to follow when closing your temporary medical hardship and bringing the property into compliance:

1. Call the Planning Office and close the temporary medical hardship.
2. **You** have 90 days to remove the medical hardship dwelling and call the Code Enforcement Administrator at (541) 474-5425 to schedule an inspection.
3. Once the inspection is complete you will receive a Verification of Compliance form. Take this form to the County Clerk’s Office to record and have the Grant of Deed Restriction removed.

I acknowledge that I have read and I agree to follow the steps listed above when I no longer need the temporary medical hardship and/or I sell the subject property.

Owner/Date

Owner/Date

*Original to Planning – copy to Applicant