



City of Scio

Planning File No.:

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Scio, OR 97374

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cathy@sciooregon.gov

Temporary Manufactured Home Hardship Permit

APPLICANT INFORMATION

Name: _____	Phone: _____
Address: _____	Cell: _____
_____	Email: _____

Applicant Certification

I hereby certify that the statements, attachments, exhibits, plot plan and other information submitted as a part of this application are true; that the proposed land use activity does not violate covenants, conditions and restrictions associated with the subject property; and any approval granted based on this information may be revoked if it is found that such statements are false.

I acknowledge and agree that I will be responsible for any additional costs incurred by the City of Scio for the review and processing of this land use application in accordance with the city's land use fee policies.

Signature: _____ Date: _____

PROPERTY INFORMATION

Situs Address: _____	Nearest Cross Street: _____
Assessor Map & Tax Lot Number(s): _____	
Current Zoning: _____	
Total Area (sq ft. or acres): _____	
Current Use of Property: _____	
Existing Structures: _____	

PROPOSED USE

Reason for requesting the Temporary Hardship Manufactured Home Permit: _____

FEES AND COSTS INCURRED BY THE CITY ARE THE APPLICANT'S RESPONSIBILITY

The application fee is used to cover the costs incurred by the City of Scio in processing the application, including but not limited to: the time spent by the city staff, professional fees for the City Planner, Engineer and/or City Attorney and for the costs to publish hearing notices, recording of documents or other administrative costs.

If the application fee does not cover all of the costs incurred by the City of Scio, the applicant/or applicant's representative requesting the land use action will be billed by the City of Scio for the additional costs incurred by the City. The applicant shall pay the City immediately upon receipt of a bill. Failure to pay fees as prescribed in the city's land use fees resolution may result in building permits, utility service connections or other development approvals being withheld until the collection of fee's are paid in full or otherwise resolved.

By executing and filing this land use application, the applicant and/or applicant's representative acknowledges and agrees to reimburse the City for any additional costs incurred by the City to process the land use application.

PROPERTY OWNER(S) SIGNATURE(S) & CONTACT INFORMATION

Signature: _____	Date: _____
Name: _____	Phone: _____
Address: _____	Cell: _____
_____	Email: _____

REQUIRED STATEMENT

As the owner/authorized person(s) providing care, I/We do agree to remove the temporary hardship manufactured home within 90 days after the hardship condition no longer exists.

Signature: _____	Phone: _____
Signature: _____	Cell: _____

REQUIRED SUBMITTALS

Signed Application

A \$100 Fee.

An applicant for a permit to allow a temporary manufactured/secondary dwelling on a property will also provide the following information with the application:

1. A statement from the applicant including:
 - a. the name of the person(s) who will live in the secondary dwelling unit,
 - b. the relationship to the resident(s) in the existing home,
 - c. a brief description of the medical hardship or severe economic circumstances and the care/assistance that is needed and will be provided; and
 - d. the anticipated length of time the secondary dwelling will be located on the premises (if known).

2. A physician’s statement certifying or confirming that medical care is needed.
3. Existing Conditions: A plot plan showing the location of all existing buildings, driveway and water/sewer utilities.
4. Proposed Plan: A plot plan showing the proposed location of the temporary dwelling, setbacks from property lines and existing buildings and proposed water/sewer connections.
5. Building Plan. A plan or elevation drawings, manufacturer’s informational brochure or photographs of the proposed secondary dwelling unit.
6. Supplemental Statement: *(optional)*. Additional written statement that addresses the impact the secondary dwelling may have on adjacent properties or residents.

PURPOSE

The purpose of the Temporary Manufactured Home Hardship Permit is to provide for the placement of a temporary manufactured home under verified circumstances related to either a medical hardship or advanced age of a resident of the property which requires the provision of supervised care and assistance on a continuing basis. Each Temporary Manufactured Home Hardship Permit is required to be reviewed on an annual basis by the Planning Commission to verify that all of the circumstances which applied at the time of approval are still in effect. The person(s) providing care for the person(s) with the hardship agree in writing to remove the temporary hardship manufactured home within 90 days after the hardship condition no longer applies to the manufactured home.

APPROVAL CRITERIA

A proposal to place a hardship manufactured dwelling as a secondary dwelling on a property must comply with the following criteria.

1. The manufactured dwelling will be a second dwelling on a parcel with an existing residence.
2. The manufactured dwelling will be temporary. The manufactured dwelling shall be removed within 90 days when the hardship no longer exists. The City may require bonding to facilitate removal of the manufactured dwelling.
3. The manufactured dwelling will be occupied by a family member(s) of the person(s) residing in the existing residence.
4. The occupant(s) of the manufactured dwelling is partially dependent upon the person(s) residing on the parcel.
5. No alternative method of alleviating the hardship is readily available to the family. A hardship normally is either a medical hardship experienced by the applicant that requires immediate availability of family assistance or a severe economic hardship experienced by the applicant.
6. There shall be only one (1) water hookup and (1) sewer hookup serving both the principal dwelling on the property and the medical hardship manufactured dwelling.
7. The value, use, and enjoyment of neighboring properties will not be adversely affected.
8. The granting of the permit will alleviate substantial personal hardship for the occupant.

APPROVAL PROCESS

The Commission will review the request for placement of a hardship manufactured dwelling. A written notice of decision will be issued by the City.

This information is only a summary. For additional information or clarification, please refer to the Scio Zoning Ordinance No. 561 or request clarification from city staff.

OFFICE USE ONLY
PROCESS SUMMARY TIMELINE

Date Received: _____	Payment Received: _____
Received by: _____	Receipt No.: _____
Application Reviewed By: _____	Date: _____
Additional Materials Requested: _____	
Application Completed on: _____	
City Planner Review Complete: _____	
Notifications Mailed on: _____	By: _____
Planning Commission Review: _____	Granted: _____ Denied: _____
Notice of Decision Mailed: _____	By: _____
Appeal Period Expires: _____	
Appealed by: _____	Date: _____
Notice of Appeal Hearing Mailed: _____	By: _____
Appeal Hearing Held: _____	Granted: _____ Denied: _____
Notice of Final Decision Mailed: _____	By: _____

ANNUAL REVIEW OF TEMPORARY PERMIT

Date of Annual Review: _____	Meets Criteria: Yes: _____	No: _____
Date of Annual Review: _____	Meets Criteria: Yes: _____	No: _____
Date of Annual Review: _____	Meets Criteria: Yes: _____	No: _____
Date of Annual Review: _____	Meets Criteria: Yes: _____	No: _____
Date of Annual Review: _____	Meets Criteria: Yes: _____	No: _____

Date of Annual Review: _____	Meets Criteria: Yes: _____	No: _____
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