



TYPE I APPLICATION
Temporary Medical Hardship
RENEWAL

PUBLIC WORKS DEPARTMENT 3050 N. DELTA HWY, EUGENE OR 97408 Planning: 541-682-3577

For Office Use Only: FILE #

FEE:

Applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Land owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Land Owner Signature: \_\_\_\_\_

Description of TMH (Year, make, width, length, L#): \_\_\_\_\_

LOCATION:

Assessor's Map & Taxlot number

Address

City/State/Zip

Name of person with medical hardship: \_\_\_\_\_

Is the Physician Certification filled out and attached to this application? \_\_\_ Yes \_\_\_ No

Name of caregiver: \_\_\_\_\_

By signing this application, you are stating this information is accurate to the best of your knowledge.

(Signature of caregiver)

(Print Name)

(date)

For Office Use Only:

Sanitation Inspection required: \_\_\_ Yes \_\_\_ No TMH placement approved by BP#: \_\_\_\_\_

\_\_\_ Approved. The new approval time is December 31, \_\_\_\_\_ through December 31, \_\_\_\_\_

\_\_\_ Denied. Reason for denial: \_\_\_\_\_

Staff Planner: \_\_\_\_\_

(date)

**APPROVAL CRITERIA**

How is the person with the Medical Hardship related to the resident of the primary dwelling?

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> is a Resident | <input type="checkbox"/> Grandchild       | <input type="checkbox"/> Stepsibling |
| <input type="checkbox"/> Child         | <input type="checkbox"/> Grandparent      | <input type="checkbox"/> Niece       |
| <input type="checkbox"/> Parent        | <input type="checkbox"/> Step grandparent | <input type="checkbox"/> Nephew      |
| <input type="checkbox"/> Stepparent    | <input type="checkbox"/> Sibling          |                                      |

**The approval criteria is based on your zoning:**

For the F-1 Zone, the applicable section is LC 16.210(3)(b)(i)(bb):

**“Except as provided in (3)(b)(i)(cc) below, approval of a temporary hardship dwelling permit is valid until December 31 of the year following the year of original permit approval and may be renewed once every two years until the hardship situation ceases or unless in the opinion of the Lane County Sanitarian the on-site sewage disposal system no longer meets DEQ requirement;”**

For the F-2 Zone, the applicable section is LC 16.211(3)(e)(i)(bb):

**“Except as provided in (3)(b)(i)(cc) below, approval of a temporary hardship dwelling permit is valid until December 31 of the year following the year of original permit approval and may be renewed once every two years until the hardship situation ceases or unless in the opinion of the Lane County Sanitarian the on-site sewage disposal system no longer meets DEQ requirement;”**

For the Farm Zone, the applicable section is LC 16.212(8)(c)(i)(bb):

**“Approval of a temporary hardship dwelling is valid until December 31st of the year following the year the original permit approval. The county shall review the permit authorizing such hardship dwelling every two years; and”**

For the RR Zone, the applicable section is LC 16.290(2)(d)(ix):

**“Approval of a temporary manufactured dwelling or park model recreation vehicle permit shall be valid until December 31 of the year following the year of original permit approval and may be renewed once every two years until the hardship situation ceases or unless in the opinion of the Lane County Sanitarian the on-site sewage disposal system no longer meets DEQ requirements.”**

**INSTRUCTIONS TO THE SITE:**

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**If a sanitation inspection is required, please attach copies of any septic tank pumping receipts done**



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# PHYSICIAN'S CERTIFICATE

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within the last 10 years.



# PHYSICIAN'S CERTIFICATE

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This form must be completed and signed by your physician, therapist or professional counselor and submitted with your application for a Temporary Medical Hardship Dwelling.

TEMPORARY USE OF A MANUFACTURED HOME, RV, or CONVERSION OF AN EXISTING STRUCTURE INTO A DWELLING DURING A MEDICAL HARDSHIP. The use of a manufactured home, Recreational Vehicle (RV), or the conversion of an existing structure to a dwelling on a temporary basis during a medical hardship may be allowed. A permit may be granted for a period of not more than two years and may be renewed for successive periods of two years, (2 years) if evidence is provided that the hardship condition continues to exist.

In considering this request, it must be found that the hardship condition relates to the aged, the infirm, or to persons otherwise incapable of maintaining a complete, separate and detached residence, and also whether the requested use will be relatively temporary in nature. It is not the intent of this provision to subvert the intent of the zoning laws by permitting more than one permanent residence on each property. In granting the request for temporary use of a hardship dwelling, conditions may be imposed that will preclude the possibility of such a temporary use becoming permanent.

Below is the form that shows the physician, therapist or professional counselor is convinced the person with the hardship must be provided the care so frequently or in such a manner that the caretaker must reside on the same premises.

**TO BE COMPLETED BY PHYSICIAN, THERAPIST OR PROFESSIONAL COUNSELOR**

This is to certify that the person listed below is my patient:

\_\_\_\_\_ (Please print or type name of patient)

It is my opinion 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.

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

Physician Name: \_\_\_\_\_ ID/License # \_\_\_\_\_  
(Please Print or Type)

Address: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_