

**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.

- 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.

- 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.

- 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)) _____ agree to provide annual medical certification of the continuing need for the hardship dwelling if our conditional use request is granted.

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: _____ 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.

Signature of applicant(s)

Date

Date

On _____, personally appeared before me the above named

_____, and _____, acknowledged the foregoing instrument to be a voluntary act.

Notary Public for Oregon

My Commission expires _____