



# THE APPLICATION PACKET

## A COMPLETE APPLICATION CONSISTS OF:

1. **A complete application page (all of the sections on the first page of this form must be filled out).**
2. **15 Copies of a plot plan, drawn to scale, showing:**
  - Existing structures on the lot/parcel and their setbacks from property lines;
  - The proposed location of the temporary living quarters and its setback from property lines and other structures on the lot/parcel;
  - The required utility connections for the temporary living quarters; and
  - The location of proposed fences to screen the temporary living quarters that face public rights-of-way.
  - For those applications within the city's urban service area, the plot plan shall also show the location of any wells, septic tanks, and drain fields.
3. **A written medical report from a licensed physician on official letterhead that includes:**
  - The nature of the patient's medical condition and whether the patient is terminally ill or recuperating from an illness, surgery or;
  - A statement explaining why the patient is not physically or mentally capable of self-maintenance and is, therefore, dependent upon a care provider being on-site for assistance; and
  - Additional supporting documentation from other medical practitioners who may be treating the patient, when applicable.
4. **A statement from the applicant addressing:**
  - Whether the person requiring medical assistance or the care provider will reside in the temporary living quarters.
  - The type of temporary living quarters proposed, wither, a motor home, residential trailer, a travel trailer, truck camper or other RV as defined in Article 2 of this Code, unless excepted in this section;
  - Proof that the temporary living quarters is licensed and insured; and
  - A statement explaining why the circumstances are temporary in nature (estimate at 12 months or less) and what steps are being undertaken to address the circumstances prior to the elapsing of 12 months, or any extension thereof.
5. **A copy of the deed to show ownership**
6. **The application fee. *Refer to the Development Code Fee Schedule for the appropriate fee.* A copy of the Fee Schedule is available at the Development Services Department.**

# APPLICABLE STANDARDS DESCRIPTION

**Reference:** Springfield Development Code 36.135.

## Applicable Standards

### 1. Description.

- (a) The Emergency Medical Hardship allows the placement of temporary living quarters, on a lot/parcel with a habitable primary dwelling, for a person who is determined by a licensed physician as specified in Subsection (4)(b)1. of this Section, to be either;
  - 1. Terminally ill; or
  - 2. Recuperating from an illness, surgery or injury; and
  - 3. The person is not physically or mentally capable of self maintenance and is dependent upon a care provider being on site for assistance.
- (b) Temporary means a period of 24 months, unless otherwise permitted in Subsection (7) of this Section. The 24 month period includes an approval time line of 12 months with an opportunity to obtain up to two 6 month time line extensions at the staff level.
- (c) Temporary living quarters means a road worth, licensed and insured recreational vehicle (RV) as defined in SDC Article 2.

EXCEPTION: Tent trailers shall not be permitted as a temporary living quarters.

- (d) The temporary living quarters shall be occupied only by the person requiring medical assistance or the care provider.
- (e) The care provider is a person who lives on-site, either in the primary dwelling or the temporary living quarters and provides necessary medical procedures, monitoring and attention to the person requiring that care on a 24-hour basis.

### 2. Applicability.

The Emergency Medical Hardship process shall be permitted only on lots/parcels designated Low Density Residential (LDR) and zoned LDR within the city limits or LDR/UF-10 within the City's urban services area.

### 3. Criteria

The Director shall grant approval of the emergency medical hardship application if all of the following criteria are met.

- (a) The licensed physician's written medical report shall address the information required in submittal requirements.
- (b) The temporary living quarters shall house either the person requiring medical; assistance or the care provider.

- (c) The temporary living quarters shall be located on the same legal lot/parcel as the primary dwelling. Only one temporary living structure shall be allowed on a lot/parcel.
- (d) The temporary living quarters shall not be permitted within the front yard or street side yard setback.
- (e) All residential trailers and other similar units used as temporary living quarters shall be connected to sewer, water and electrical services as proscribed by the Oregon State Building Code as adopted by the City.
- (f) All travel trailers and other similar units used as temporary living quarters shall have utility connections consistent with State Law requirements for such units as in RV parks.

**4. Conditions.**

- (a) The Director shall impose the following conditions of approval for all medical hardship applications
  - 1. There shall be no change in occupancy of the temporary living quarters under the permit; either the person requiring care or the care provider shall reside within the temporary living quarters.
  - 2. The temporary living quarters use shall be limited to the use permitted in this Section and is not transferable to other persons or property. Under no circumstance shall temporary living quarters be used as a rental unit.
  - 3. The temporary living quarters use shall cease upon the occurrence of the first of the following events:
    - a. The medical hardship no longer exists; in this case, the temporary living quarters shall be removed within 30 calendar days of cessation of the provision of care; or
    - b. Within 12 months of the date of application approval, unless there is an approved extension.
- (b) The Director may impose additional conditions of approval to the extent necessary to satisfy the criteria of approval, to comply with all applicable standards of this Code and to mitigate identified negative impacts to surrounding properties.

**5. Time line extensions.** A request for an extension will not require a new application; however, a written request shall be submitted to the Director 30 days prior to the expiration of the initial 12 month approval time line. The request shall include written verification from a licensed physician stating that the person requiring care continues to need care. Staff shall review the request to ensure that the applicant remains compliant with the approval criteria and any conditions of approval. Upon expiration of the initial 12 month approval time line, the temporary living unit may be extended as follows:

- (a) Staff approved time line extensions. The applicant may obtain no more than two 6 month time line extensions from staff.

EXCEPTION: Temporary living quarters approved prior to November 6, 2006, may continue beyond the original approval time line on a yearly basis until the need no longer exists.

- (b) Criteria of approval for time line extensions. Staff approval of any time line extension request shall be based upon:
  - 1. The physician's verification of condition that the patient still requires care; and;
  - 2. Staff's verification that the temporary living quarters is still in compliance with the initial conditions of approval

- 6. **Compliance.** The temporary living quarters shall maintain compliance with all conditions of approval. Violation of the provisions of this Section, or determination that the need can no longer be verified, shall be the basis for termination of approval.