



**TEMPORARY USE APPLICATION
HARDSHIP DWELLING**

1. Complete the application form with appropriate original signatures. All materials must be submitted on single-sided, 8.5" x 11" paper. Do not use binders, tabs/ dividers, staples or tape.
2. Attach correct application fee.
3. Include an accurate plot plan to scale that shows all property lines, existing and proposed structures, septic system, driveway, etc.
4. Include any other supporting documents such as doctor's written statement, wastewater disposal contract, etc.

FEE: _____

Applicant's Name (print): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Applicant's Email Address: _____

Property Owner's Name (if different)*: _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Owner's Email Address: _____

Property Description: Township _____ Range _____ Section _____ Tax Lot _____

Property Address: _____

Property Zone(s): _____ Lot of Record? _____

Person with the Medical Condition (attach doctor's written statement):

Property owner. Name: _____

A relative of property owner(s). Relationship to owner(s): _____

Type of Temporary Dwelling:

Recreational Vehicle (RV). Make/Model: _____

Manufactured Home. Year/Make/Model: _____

Building existing on or before March 29, 2017, in the EFU, F-1, or F-2 zone.

Annual Reporting:

Applicant is aware the temporary use permit shall be reviewed annually including submission of an updated doctor's written statement? Yes ____ No ____

Ceasing Use of Temporary Dwelling:

Applicant is aware the use of hardship dwelling shall end within 90 days following the date the medical condition requiring the temporary use permit ceases to exist? Yes ____ No ____

Wastewater for RV:

If using an RV, please select method of disposal for RV wastewater:

- Use the existing septic system on the property. Deschutes County On-Site Wastewater Authorization Notice approval may be required.
- Occupant will drive RV to an authorized dump station to dispose of wastewater. Receipts or other documentation of proper sewage disposal must be kept as record. **Note:** Portable Holding Tanks for use with an RV are not permitted under OAR 340-071-0340(5)(f).

Name of Off-Site Dump Station: _____

- Attached to this application is a contract with a licensed sewage disposal service to regularly pump the self-contained RV tank and provide a portable toilet if necessary. Pumping records and an agreement with the sewage disposal service must be kept on record. **Note:** Portable Holding Tanks for use with an RV are not permitted under OAR 340-071-0340(5)(f).

Disposal Company: _____

Wetlands: Does the property include wetlands? Yes ____ No ____

Applicant is aware conditional use permit approval is required for all excavation, grading and fill, and removal within the bed and banks of a stream or river or in a wetland subject to DCC 18.120.050 and 18.128.270? Yes ____ No ____

Applicant is aware that development in a wetland may require permits from the Oregon Department of State Lands? Yes ____ No ____

Acknowledgment:

To the best of my knowledge, the proposal complies with all previous conditions of approval and all other applicable local, state, and federal laws. By signing this application, I acknowledge that Deschutes County planning staff may make a site visit(s) to the address listed on this application in order to evaluate the property with the Deschutes County Code criteria applicable to the land use request(s) submitted. Please describe any special circumstances regarding a potential site visit:

Applicant's Signature: _____ Date: _____

Property Owner's Signature (if different)*: _____ Date: _____

Agent's Name (if applicable): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

*** If this application is not signed by the property owner, a statement authorizing signature by the applicant must be attached.**