



COOS COUNTY COMMUNITY DEVELOPMENT  
PLANNING DEPARTMENT

60 E. SECOND ST. COQUILLE, OR 97423 (LOCATION)  
250 N. Baxter St., Coquille OR (MAILING ADDRESS)

PHONE: 541-396-7770 / EMAIL: PLANNING@CO.COOS.OR.US

TEMPORARY COMPLIANCE DETERMINATION

Family/Medical Hardship Development

THIS APPLICATION WILL TAKE AT LEAST 30 DAYS  
TO PROCESS ONCE IT IS FOUND TO BE COMPLETE

Date Received: Aug 21, 2024 Receipt #: 248186 Received by: Maria H.

FILE NUMBERS: FHD - 24-008

This application shall be filled out electronically. If you need assistance please contact staff.  
*Please be aware if the fees are not included the application will not be processed.*  
*(If payment is received on line a file number is required prior to submittal)*

LAND INFORMATION

Land Owner(s) (print name): Baine Northup

Mailing address: 7655 Circle Dr, Lemn Grove CA, 91945

Phone: 541-290-7880 Email: Bainenorthup@gmail.com

Applicant(s) (print name): Katie Northup

Mailing address: 63617 N. Olive Rd, Coos Bay OR, 97420

Phone: 541-290-7887 Email: Katiemn620@hotmail.com

Type of Ownership: Single Ownership - Signed Application

PROPERTY - If multiple properties are part of this review please check here  and attach a separate sheet with property information.

Township: 26S  Range: 14W  Section: 1  ¼ Section: B  1/16 Section: A  Tax lot: 3700

Township: Select Range: Select Section: Select ¼ Section: Select 1/16 Section: Select Tax lot: \_\_\_\_\_

Tax Account Number(s): 2123700 Site Address: 63617 Olive Rd, Coos Bay 97420

Zone: Urban Residential-2 (UR-2)  Acreage: .12

Once the application is received the Planning Staff will review the application for compliance with the relevant applicable zoning district to determine if additional reviews or notifications are required. If enforcement issues are discovered they shall be addressed prior to completion of review.

**ACKNOWLEDGMENT STATEMENT**

Pertaining to the subject property described above, I hereby declare that I am the legal owner of record, purchaser under a recorded land sale contract, or a legal representative having consent of the legal owners of record, and I am authorized to obtain this Zoning Compliance Letter to secure necessary permits for development from the Department of Environmental Quality and/or the Building Codes Agency. The statements within this form are true and correct to the best of my knowledge and belief. I understand that any permits and/or authorization for development issued by the Planning Department may be revoked if it is determined that they were issued based on false statements, misrepresentations, or errors. As a condition for the issuance of this Zoning Compliance Letter, the undersigned hereby agrees to hold Coos County harmless and indemnify the County for any liability for damage which may occur as a result of the failure to build, improve, or maintain roads that serve as access to the subject property.

Rural Residential Compatibility with Farm/Forest Management Practices: I hereby acknowledge that the normal intensive management practices occurring on adjacent resource land will not conflict with the rural residential use or enjoyment of the above-described property.

By signing this application, I acknowledge that I can only develop my property as allowed pursuant to the authorizations granted in the Zoning Compliance Letter that will be issued. If additional review is required, I understand that it is my responsibility to complete the review. All applicable federal, state, and local permits shall be obtained prior to the commencement of any development activity. All costs associated with complying with the conditions are the responsibility of the applicant, and the applicant is not acting as an agent of the County.

**PROPERTY OWNER SIGNATURE(S)**

Baino Newby P.O.A. Katie Newby

**APPLICANT SIGNATURE IF NOT THE OWNERS**

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Hardship in Urban Residential, Rural Residential, Controlled Development and Rural Center Zones:

Hardship Dwelling (Family or Medical): A Manufactured Dwelling/Structure or Recreational Vehicle used under this provision is a temporary solution for the duration of the Hardship experienced by the existing resident or relative, as defined in ORS chapter 215. The temporary Hardship Dwelling, whether it is a Manufactured Dwelling, Manufactured Structure, or Recreational Vehicle, must use the same subsurface sewage disposal system as the existing Dwelling. Within (3) three months of the end of the Hardship, the Manufactured Dwelling/Structure or Recreational Vehicle must be removed or demolished. A temporary Dwelling approved under this section is not eligible for replacement. The Department of Environmental Quality (DEQ) review and removal requirements also apply. In this section, "Hardship" means a medical Hardship or the need to care for an aged or infirm person or persons. The Planning Director will review the permit authorizing such temporary Hardship Dwellings every (2) two years to ensure compliance with standards. The applicant is responsible to apply for a Zoning Compliance Letter (ZCL) to continue the use every (2) two years.

Please indicate the type of temporary Dwelling that will be used: Please Select

5th wheel.

Physician's Certificate

This portion of this form must be completed and signed by a qualified physician and submitted with the application for a temporary medical Hardship Dwelling.

This medical Hardship is a temporary arrangement allowed during a medical hardship condition affecting an aged, infirmed, or otherwise incapable person who cannot maintain a separate residence from their care provider. A permit for this arrangement may be granted for up to <sup>6 months</sup> (2) two years and can be renewed for successive two-year periods if evidence shows the hardship condition continues. By completing this form, the physician, therapist, or professional counselor confirms that their patient needs frequent care requiring the caretaker to reside on the same premises.

This section shall be Completed by a licensed Physician

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

Mattie Northrup  
(Please Print or Type name of patient)

It is my medical opinion that this person has a medical or physical hardship that requires care and attention as described above, and the named patient should be permitted to reside near a caretaker in order to facilitate proper care.

Physician's Signature: [Signature] Date: 8/21/24

Physician's Name: Jithu Pradeep MD ID/License #: MD 003532  
(Please Print or Type)

Address: 790 E 5th St Coquille OR Phone #: 541 394 3111

patient would need assistance by a care giver for her knee condition until she has a surgery and 2-4 weeks post procedure. Request she need assistance approx 6 months (80 days)

[Signature] 8/21/24