



**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: 8/11/24 Receipt #: 248165 Received by: Marica H.

FILE NUMBERS: FHD - 24-000

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): AMANTE JAMES A & ELFRIEDE M

Mailing address: 87511 MASTEL LN BANDON, OR 97411

Phone: 541-366-1859 Email: _____

Applicant(s) (print name): same

Mailing address: _____

Phone: _____ Email: _____

Type of Ownership: Co-Ownership - Both Signed Application

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

Township: 29S Range: 14W Section: 31 ¼ Section: 0 1/16 Section: 0 Tax lot: 1504

Township: Select Range: Select Section: Select ¼ Section: Select 1/16 Section: Select Tax lot: _____

Tax Account Number(s): 7865200 Site Address: 87511 MASTEL LN BANDON, OR !

Zone: Rural Residential-5 (RR-5) Acreage: 1.77

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)

James C. Amant

Edw. J. Amant

APPLICANT SIGNATURE IF NOT THE OWNERS

SANITATION INFORMATION

If this is a request for a recreational, commercial, industrial, vacation rental, manufactured home park, mass or small gathering Coos Health and Wellness, Environmental Health Staff will be reviewing the proposal to ensure the use meets environmental health standards for sanitation and water requirements to serve the facility. If the proposal indicates that you are using a community water system a review may be required. A fee is charged for this service and shall be submitted with the application \$83.00. If you have questions about regulations regarding environmental health services please call 541-266-6720. This form is required to be signed off for any type of subdivision, recreational, commercial, industrial, vacation rental, manufactured home park, mass or small gathering.

Water Service Type: On-site Well Sewage Disposal Type: On-site septic

Please check if this request is for industrial, commercial, recreational or home base business use and complete the following questions:

- How many employees/vendors/patrons, total, will be on site?
- Will food be offered as part of the an on-site business?
- Will overnight accommodations be offered as part of an on-site business?
- What will be the hours of operation of the business?

Please check if the request is for a land division.

Coos County Environmental Health Use Only:

Staff Reviewing Application: _____

Staff Signature: _____

- This application is found to be in compliance and will require no additional inspections
- This application is found to be in compliance but will require future inspections
- This application will require inspection prior to determining initial compliance. The applicant shall contact Coos Health and Wellness, Environmental Heath Division to make an appointment.

Additional Comments:

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: Recreational Vehicle

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 (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:

E. Friede Anante
(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.

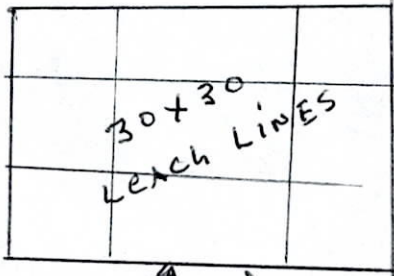
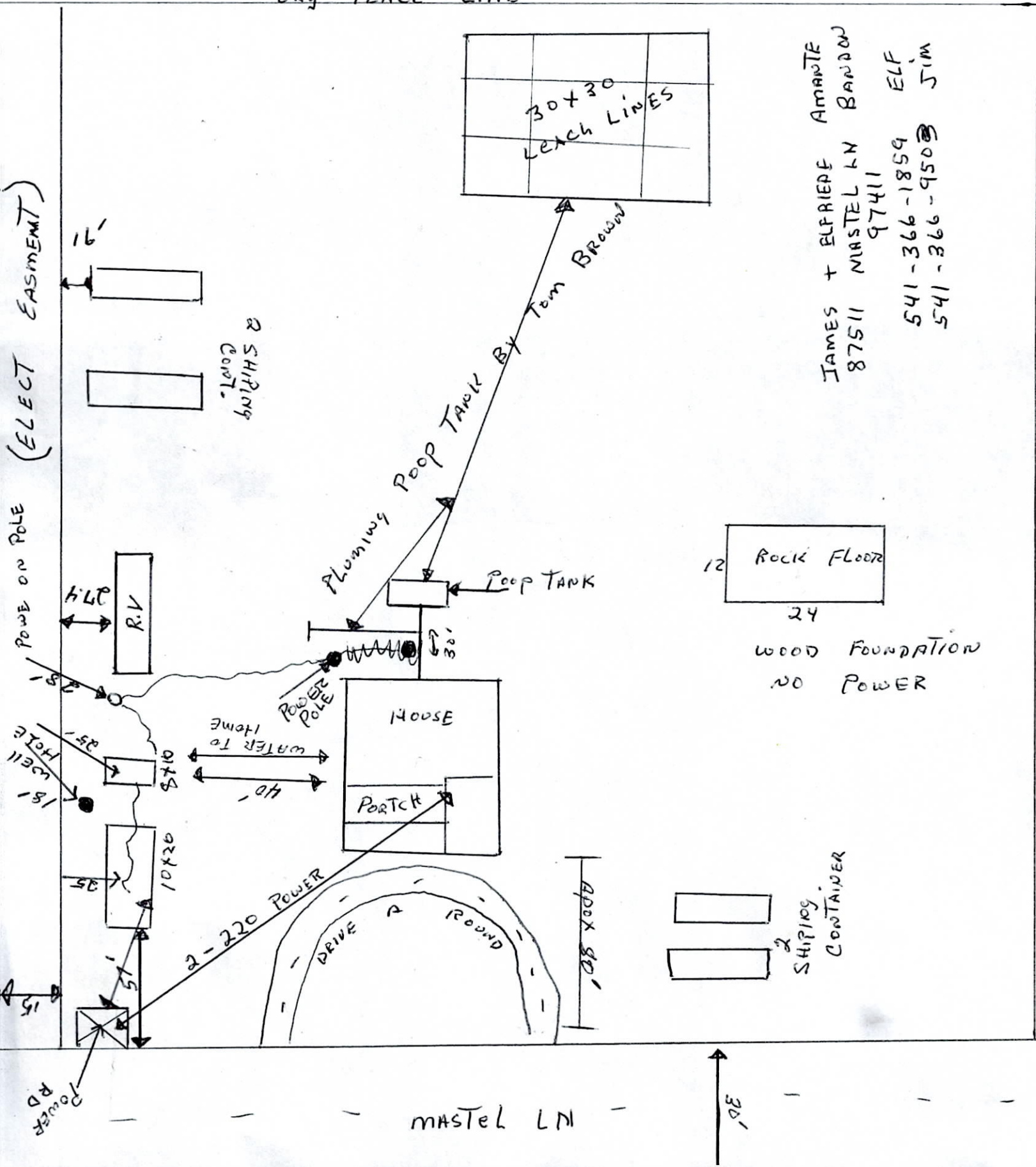
Physician's Signature: Karen Olson Date: 7-31-24

Physician's Name: Karen Olson ID/License #: 0950006649 N1
(Please Print or Type)

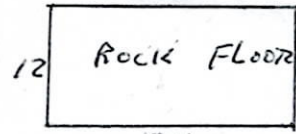
Address: 209 N Central Blvd Coquille OR 97423 Phone #: 541-329-0144

BOWMAN

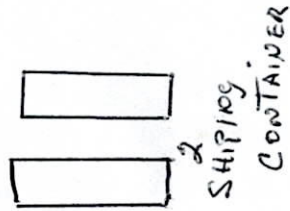
ORG FENCE LINE



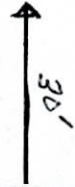
JAMES + ELFRIDE AMANTE
 87511 MASTEL LN BANDA
 97411
 541-366-1859 ELF
 541-366-9503 JIM



WOOD FOUNDATION
 NO POWER



MASTEL LN



N



Township 29 Range 14 Section 31

SECTION 31 T29S R14W W.M.
COOS COUNTY

29S 14W 31

CANCELLED NO.

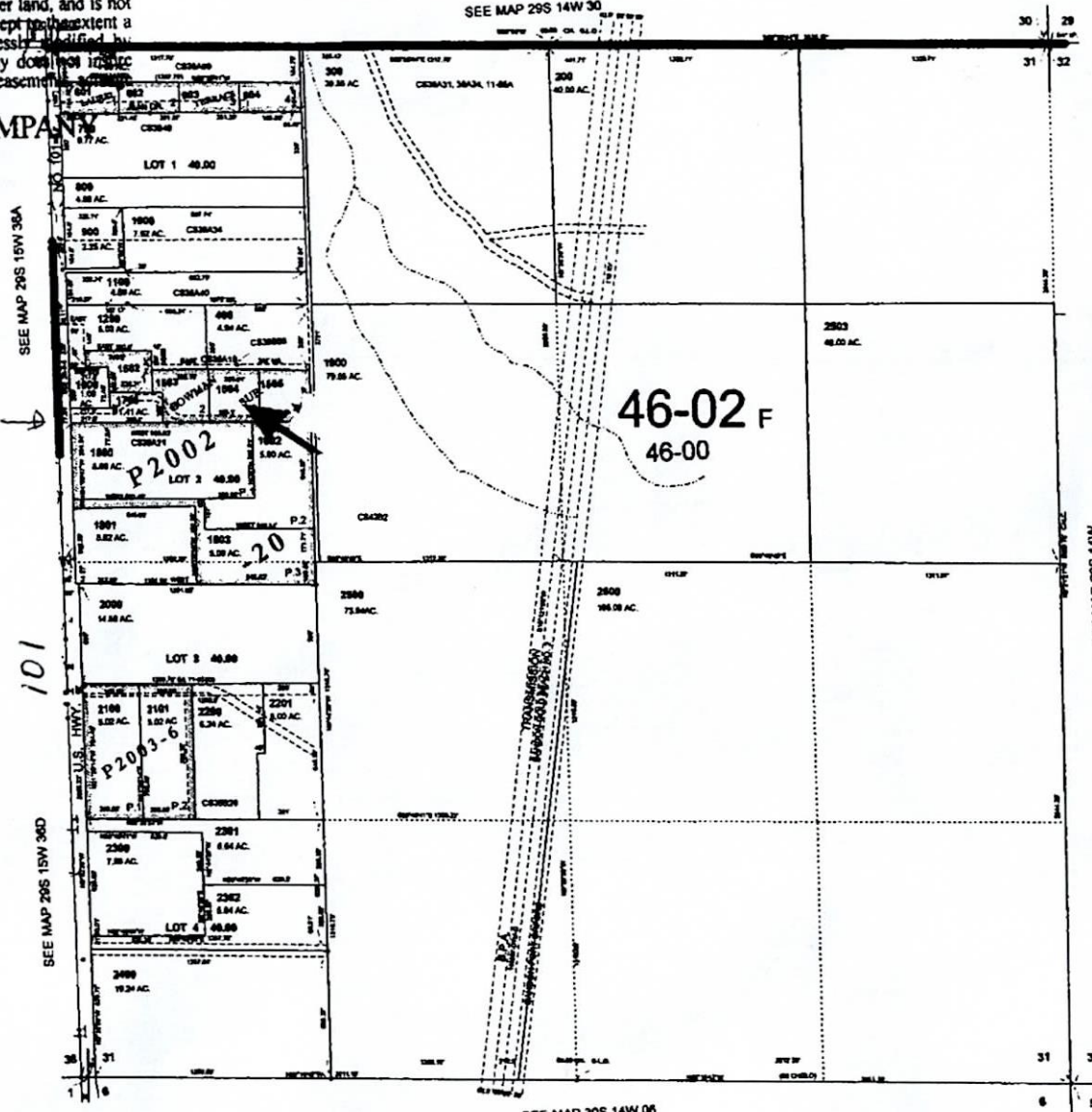
- 1400
- 1300
- 100
- 100M1
- 1501
- 1201
- 2202
- 2501
- 2502
- 600
- 1500

This map/plat is being furnished as an aid in locating the herein described land in relation to adjoining streets, natural boundaries and other land, and is not a survey of the land depicted. Except to the extent a policy of title insurance is expressly provided by endorsement, if any, the Company does not insure dimensions, distances, location of easements or other matters shown thereon.

TICOR TITLE COMPANY

1" = 400'

SEE MAP 29S 14W 30



SEE MAP 29S 14W

101

SEE MAP 29S 15W 30D

SEE MAP 29S 15W 30A

SEE MAP 30S 14W 06

2-13-2008

29S 14W 31