



COOS COUNTY CONDITIONAL USE LAND USE APPLICATION
*SUBMIT TO COOS COUNTY PLANNING DEPT. AT 60 E. SECOND STREET OR MAIL TO:
COOS COUNTY PLANNING 250 N. BAXTER, COQUILLE OR 97423. EMAIL
PLANNING@CO.COOS.OR.US PHONE: 541-396-7770*

If the fee is not included the application will not be processed

(If payment is received on line a file number is required prior to submittal)

Date Received: 3/10/23 Receipt #: 239856 Amount: 1600⁰⁰ Received by: MB

This application shall be filled out electronically. If you need assistance please contact staff.

Applications shall be submitted by the property owner or a purchaser under a recorded land sale contract. "Property owner" means the owner of record, including a contract purchaser.

The application shall include the signature of all owners of the property.

A legal representative may sign on behalf of an owner upon providing evidence of formal legal authority to sign.

LAND INFORMATION

A. Property Owner(s) Vonnell M. Major
Mailing address: 98081 Stian Smith Lane, Coos Bay, OR 97420
Phone: 541-267-6154 Email: Vonniemajor@gmail.com

Township:	Range:	Section:	¼ Section:	1/16 Section:	Tax lots:
25S	11W	31	Select	Select	901
Select	Select	Select	Select	Select	

Tax Account Number(s): 244601 Zone: Select Zone Please Select
Tax Account Number(s) Please Select

B. Special Districts and Services

- Water On-Site (Well or Spring)
- Sewage Disposal On-Site Septic
- School Coos Bay
- Fire District Coos Forest Protective Association

C. Type of Application (s) please consult with staff to determine prior to submittal

- Administrative Conditional Use for Hardship Dwelling
- Hearings Body Conditional Use for _____
- Historical, Cultural and Archaeological Resources, Natural Areas of Wilderness
- Beaches and Dunes
- Non-Estuarine Shoreland Boundary
- Significant Wildlife Habitat
- Natural Hazards
 - Flood
 - Landslide
 - Liquefaction
 - Erosion
 - Wildfires
- Airport Surfaces Overlay
- Variance to which standard _____

Include the supplemental application with all criteria addressed. If you require assistance with the criteria please contact a land use attorney or professional consultant. Property information may be obtained from a tax statement or can be found on the County Assessor's web page at the following links: [Map Information](#) Or [Account Information](#)

D. ATTACHED WRITTEN STATEMENT. With all land use applications, the “burden of proof” is on the applicant. It is important that you provide information that clearly describes the nature of the request and indicates how the proposal complies with all of the applicable criteria within the Coos County Zoning and Land Development Ordinance (CCZLDO). You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete. A planner will explain which sections of the Ordinance pertain to your specific request. The information described below is required at the time you submit your application. The processing of your application does not begin until the application is determined to be complete. An incomplete application will postpone the decision, or may result in denial of the request. Please mark the items below to ensure your submittal is complete.

Application Check List: Please make off all steps as you complete them.

I. PROPOSAL AND CRITERIA: A written statement of intent, attached to this application, with necessary supporting evidence which fully and factually describes the following:

1. Project summary and details including time limes.
2. A complete explanation of how the request complies with the applicable provisions and criteria in the Zoning Ordinance. A planner will explain which sections of the Ordinance pertain to your specific request. You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete. This shall be addressed on the supplemental criteria page (see staff for criteria).

II. PLOT PLAN OR SKETCH PLAN: A detailed drawing delineating the following:

- Owner's name, address, and phone number, map and Tax lot number
- North Arrow and Scale - using standard engineering scale.
- Accurate shape and dimensions of parcel, development site, including the lengths of the all property lines.
- Any adjacent public or private roads, all easements and/or driveway locations. Include road names. Driveway location and parking areas, including the distance from at least one property line to the intersection of the driveway and the road (apron area);
- All natural features, which may include, but are not limited to water features, wetlands, ravines, slope and distances from features to structures.
- Existing and proposed structures, water sources, sewage disposal system and distances from these items to each other and the property boundaries.

III. DEED: A copy of the current deed, including the legal description, of the subject property.

IV. CERTIFICATION: I certify that this application and its related documents are accurate to the best of my knowledge. I am aware that there is an appeal period following the date of the Planning Director’s decision on this land use action. I understand that the signature on this application authorizes representatives of the Coos County Planning Department to enter upon the subject property to gather information pertinent to this request. If this application is refereed directly to a hearings officer or hearings body I understand that I am obligated to pay the additional fees incurred as part of the conditions of approval. I understand that I/we are not acting on the county’s behalf and any fee that is a result of complying with any conditions of approval is the applicants/property owner responsibility. I understand that conditions of approval are required to be complied with at all time and an violation of such conditions may result in a revocation of this permit. If the property owner would like staff to contact a legal representative or consultant please provide the contact information using a consent form.

PROPERTY OWNER SIGNATURES REQUIRED FOR PROCESSING

Vernell M Major

3/7/2023

ACCESS INFORMATION

The Coos County Road Department will be reviewing your proposal for safe access, driveway, road, and parking standards. There is a fee for this service. If you have questions about these services please contact the Road Department at 541-396-7660.

Property Address: 98081 Stian Smith Lane, Coos Bay, OR 97420

Type of Access: Private Easement - Provide Easement Name of Access: Stian Smith Lane

Is this property in the Urban Growth Boundary? No

Is a new road created as part of this request? No

Required parking spaces are based on the use of the property. If this is for a residential use two spaces are required. Any other use will require a separate parking plan submitted that is required to have the following items:

- Current utilities and proposed utilities;
- Roadmaster may require drawings and specs from the Oregon Standards Specification Manual (OSSC) (current edition).
- The location and design of bicycle and pedestrian facilities shall be indicated on the site plan if this is a parking plan;
- Location of existing and proposed access point(s) on both sides of the road where applicable;
- Pedestrian access and circulation will be required if applicable. Internal pedestrian circulation shall be provided in new commercial, office, and multi-family residential developments through the clustering of buildings, construction of walkways, landscaping, accessways, or similar techniques;
- All plans (industrial and commercial) shall clearly show how the internal pedestrian and bicycle facilities of the site connect with external existing or planned facilities or systems;
- Distances to neighboring constructed access points, median openings (where applicable), traffic signals (where applicable), intersections, and other transportation features on both sides of the property;
- Number and direction of lanes to be constructed on the road plus striping plans;
- All planned transportation features (such as sidewalks, bikeways, auxiliary lanes, signals, etc.); and
- Parking and internal circulation plans including walkways and bikeways, in UGB's and UUC's.

Additional requirements that may apply depending on size of proposed development.

- Traffic Study completed by a registered traffic engineer.
- Access Analysis completed by a registered traffic engineer
- Sight Distance Certification from a registered traffic engineer.

Regulations regarding roads, driveways, access and parking standards can be found in Coos County Zoning and Land Development Ordinance (CCZLDO) Article 7.

By signing the application I am authorizing Coos County Roadmaster or designee to enter the property to determine compliance with Access, Parking, driveway and Road Standards. Inspections should be made by calling the Road Department at 541-396-7660

Coos County Road Department Use Only

Roadmaster or designee: _____

Driveway Parking Access Bonded Date: _____ Receipt # _____

File Number: DR-

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 Spring

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:

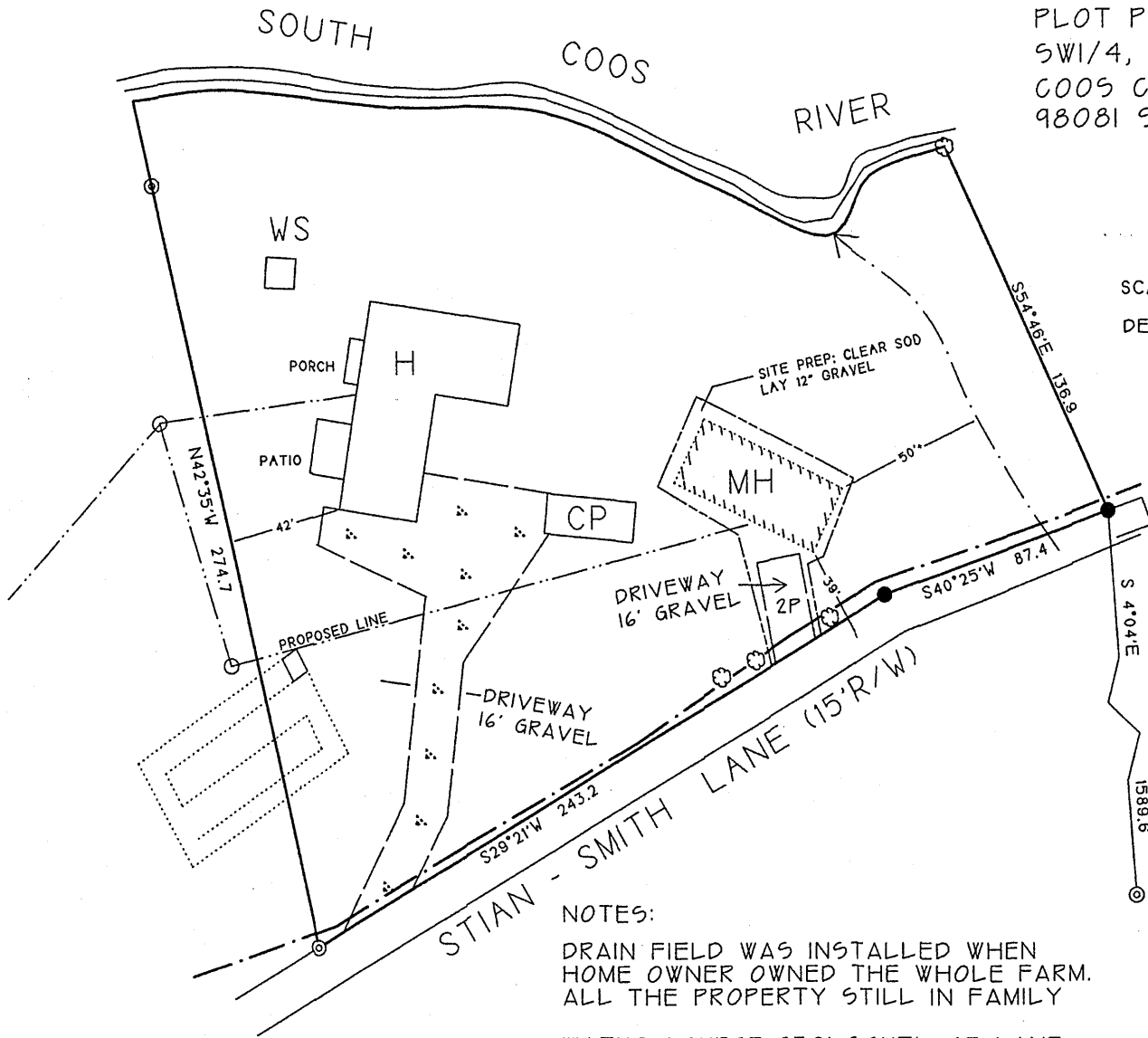
Staff Reviewing Application: _____

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:

PLOT PLAN - TAX LOT 901 - 255-13W-31
 SW1/4, SECTION 31, T255, R11W, WM
 COOS COUNTY, OREGON
 98081 STIAN SMITH LANE ZONE - CBEMP



SCALE 1" = 40'
 DEC. 8, 2022

- LEGEND
- ROAD
 - CREEK
 - TREE
 - H HOUSE
 - CP CAR PORT
 - WS WOOD SHED
 - MH MANUFACTURED HOME PROPOSED HARDSHIP DWELLING
 - DRAIN FIELD & SEPTIC TANK
 - POWER POLE & OVER-HEAD LINE
 - 100 YEAR FLOOD LINE.
 - 2P 2 PROPOSED PARKING SP.

NOTES:
 DRAIN FIELD WAS INSTALLED WHEN HOME OWNER OWNED THE WHOLE FARM. ALL THE PROPERTY STILL IN FAMILY
 WATER SOURCE 250' SOUTH OF LANE

PPREPARED BY:
 MULKINS & RAMBO. LLC
 P.O. BOX 809
 NORTH BEND, OR. 97459

PREPARED FOR:
 VONNIE MAJOR
 98081 STIAN-SMITH LN
 COOS BAY, OR. 97420



Coos County Planning Department
Coos County Courthouse Annex, Coquille, Oregon 97423
Mailing Address: 250 N. Baxter, Coos County Courthouse, Coquille, OR 97423
Physical Address: 225 N. Adams, Coquille, Oregon 97423
(541) 396-7770
FAX (541) 396-1022 / TDD (800) 735-2900
planning@co.coos.or.us
Jill Rolfe, Planning Director

Physician's Certificate

This form must be completed and signed by a qualified physician and submitted with your application for a Temporary Medical Hardship Dwelling.

By completing this form, the physician, therapist or professional counselor asserts their patient needs frequent care in such a manner that the caretaker must reside on the same premises.

To Be Completed by Physician

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

VONNELL M MAJOR

(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.

Office Name: RYAN CROFT, PA-C - North Bend
Physician's Signature: [Signature] Date: 6/10/2022 *Medical Center, Internal Med*
Physician's Name: RYAN CROFT, PA-C ID/License #: PA 207377
(Please Print or Type)
Address: 1900 Woodland Dr. Phone #: 541-267-5181
COOS BAY, OR
97420