



Temporary Medical Hardship Dwelling Application

Dallas Planning Department

Development Code Type I Review

Official Use Only:
File No: _____
Date: _____
Fee: _____ Paid

A TEMPORARY MEDICAL HARDSHIP DWELLING is a dwelling for the care of an aged or infirm person or persons. Financial hardship, child care, upkeep of home or property, or other convenience arrangements are not considered medical hardships. The temporary dwelling may be a manufactured home or an existing building on the property converted for temporary residential use. Temporary medical hardship dwellings must meet the requirements found in Dallas Development Code Section 2.2.120.K listed on page three (3) of this application. To request approval of a temporary medical hardship dwelling, please complete this application form and return it with attachments, and the required fee to the Dallas Planning Department, Dallas City Hall, Second Floor, 187 SE Court Street, Dallas, Oregon 97338.

Section 1 – Applicant Information

Name(s): _____

Mailing Address: _____

Site Address: _____

Email: _____

Phone Number: _____ Cell Number: _____

Patient Name: _____

Primary Care Physician: _____

Section 2 – Property Owner Information (If not applicant)

Property Owner(s): _____

Mailing Address: _____

Email: _____

Phone Number: _____ Cell Number: _____

Section 3 – Application Submittal Information

Please submit one electronic copy (pdf format preferred) and one paper copy of the information listed below. All items must be submitted unless waived by the Planning Official.

- Completed application form
- Application fee
- Written statement from the Patient's primary care physician indicating that for health or age-related reasons the patient is unable to maintain a residence on a separate property and is dependent upon someone being close by for assistance.
- A site plan, drawn to scale on 8 ½" by 11" paper, showing property lines, existing streets and driveways, existing and proposed buildings, including distances to property lines, location of any existing wells and/or septic systems, location of any physical features on the parcel such as streams, irrigation ditches, steep slopes, etc.
- Description of how the temporary dwelling will be served by water and sanitary sewer services.

Section 5 – Signatures Required

I hereby certify the statements contained herein, along with the evidence submitted, are in all respects true and correct to the best of my knowledge:

PROPERTY OWNER(S):

_____ Date: _____
_____ Date: _____

APPLICANT(S)

_____ Date: _____
_____ Date: _____

Section 6 – Review and Approval

Official Use Only:

Approved Denied Reason for Denial:

Address Modification Required: Yes No

If yes, Add Remove _____
(Address)

Staff Signature: _____ Date: _____

MHD hooked to City Sewer Yes No Date _____

Temporary Medical Hardship Requirements

A temporary medical hardship dwelling must meet the following requirements:

- a. The temporary hardship dwelling must either be occupied by someone who will care for the resident of the subject property, or it may be occupied by a relative of the resident when the relative has the medical hardship and the resident of the property will be the caregiver. (Relative is defined as a parent, child, grandparent, grandchild, brother, or sister of the existing resident.)
- b. The temporary hardship dwelling must use the same subsurface sewage disposal system as the existing dwelling, provided that the system is adequate to accommodate the additional dwelling. If on an existing septic system, the system will need to be inspected and approved by a County Sanitarian. Once the hardship has ended, the system must be abandoned in accordance with DEQ requirements.
- c. The application must include a written statement from the patient's primary care medical doctor (MD) or osteopath (DO). The statements must be on the doctor's stationery or stamped by their office. The statement must indicate that for health or age-related reasons the patient is unable to maintain a residence on a separate property and is dependent upon someone being close by for assistance.
- d. The permit authorizing the temporary hardship dwelling must be renewed every two years. In order to renew the temporary hardship permit, a letter from a doctor stating that the hardship still exists must be submitted to the Department, along with the renewal fee. If the hardship dwelling is connected to the same septic system as the existing dwelling, the septic system may also need to be re-inspected.
- e. Within three (3) months of the end of the hardship, the manufactured dwelling, recreational vehicle, or travel trailer must be removed from the property or demolished. In the case of an existing building, which has been converted for temporary residential use, the building must be removed, demolished or returned to an allowed use.
- f. The temporary dwelling must comply with applicable fire safety standards.
- g. A Temporary Medical Hardship Dwelling permit is obtained through a Type I Land Use Review, in accordance with Section 4.1. The application must include the following information:
 - 1) The aforementioned letter from a medical doctor or osteopath confirming that the person with the hardship is unable to maintain their own separate residence because of a health or age related condition or infirmity; and
 - 2) A site plan, drawn to scale on 8½ " by 11" paper, showing property lines, existing streets and driveways, existing and proposed buildings, including distances to property lines, location of any existing wells and/or septic systems, location of any physical features on the parcel such as streams, irrigation ditches, steep slopes, etc. must be submitted with the application.
- h. The Community Development Director will review the application to determine whether it conforms to the approval criteria listed above. If approved, a manufactured dwelling installation permit must be obtained. If the hardship dwelling is to be a recreational vehicle or travel trailer, applicable sewage disposal requirements shall be met.