



**Clackamas County Planning and Zoning Division
Department of Transportation and Development**

Development Services Building
150 Beavercreek Road | Oregon City, OR 97045

503-742-4500 | zoninginfo@clackamas.us
www.clackamas.us/planning

NOTICE OF LAND USE APPLICATION IN YOUR AREA

Date: 03/03/2022
Permit Number: Z0107-22
Application: Temporary Permit/Care/Renew
From: Clackamas County Planning and Zoning
Notice Mailed To: Property owners within 500 feet
Community Planning Organizations (CPO)
Interested Citizens and Agencies

Application Proposal:

TEMPORARY DWELLING FOR CARE RENEWAL

Property Owner: STANDRE FRED & PEGGY
Applicant: ST. ANDRE, FRED & PEGGY
Address: 19995 S FISCHERS MILL RD
OREGON CITY, OR 97045

Location:

Legal Description: 33E05A 00100 **Acres:** 5.18

Zone: RRRF5-RURAL RESIDENTIAL FARM FOREST

Staff: ANNABELLE LIND 503-742-4513 **E-mail:** alind@clackamas.us

How to Comment on this Application:

1. To be sure your comments will be considered prior to the decision, we need to have them within 20 days of the date of this notice.

Permit Number: Z0107-22

2. You may use the space provided below, mail a separate letter or e-mail the information. Please include the permit number, address the information to the staff member handling this matter, and focus your comments on the approval criteria for the application.

3. Return your mailed comments to: Clackamas County Planning and Zoning, 150 Beaver Creek Rd, Oregon City, OR 97045; FAX to (503) 742-4550.

Community Planning Organization: The following recognized Community Planning Organization (CPO) has been notified of this application. This organization may develop a recommendation on this application. You are welcome to contact this organization and attend their meeting. If this Community Planning Organization is currently inactive, and you are interested in becoming involved in Land Use Planning in your area, please contact the Citizen Involvement Office at (503) 655-8552.

REDLAND-VIOLA-FISCHER'S CPO
WARD LANCE 503-631-2550
LANCEWARD@AOL.COM

Decision Process: In order to be approved, this proposal must meet the approval criteria in the Zoning and Development Ordinance, Section(s)

The Ordinance criteria for evaluating this application can be viewed at www.clackamas.us/planning/zdo.html. You may view the submitted application at the following link, <https://accela.clackamas.us/citizenaccess/>.

A decision on this proposal will be made and a copy will be mailed to you. If you disagree with the decision you may appeal to the Land Use Hearings Officer who will conduct a public hearing. There is a \$250 appeal fee.

Comments:

Your Name/Organization

Telephone Number

Clackamas County is committed to providing meaningful access and will make reasonable accommodations, modifications, or provide translation, interpretation or other services upon request. Please contact us at 503-742-4545 or email DRenhard@clackamas.us.

503-742-4545: ¿Traducción e interpretación? |Требуется ли вам устный или письменный перевод? | 翻译或口译? | Cần Biên dịch hoặc Phiên dịch? | 번역 또는 통역?



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LAND USE APPLICATION

DEEMED COMPLETE

ORIGINAL DATE SUBMITTED:	03/02/22
FILE NUMBER:	Z0107-22-STC
APPLICATION TYPE:	TEMPORARY DWELLING FOR CARE RENEWAL

The Planning and Zoning Division staff deemed this application complete for the purposes of Oregon Revised Statutes (ORS) 215.427 on: 3/7/2022

ANNABELLE LIND

Staff Name

PLANNER I

Title

Comments:

Z0107-22-STC APPLICATION HAS BEEN DEEMED COMPLETE. THE APPLICATION IS TO RENEW THE EXISTING TEMPORARY CARE DWELLING ON THE PROPERTY. THIS TYPE OF APPLICATION REQUIRES A RENEWAL EVERY 3 YEAR WHILE THE CARE IS STILL NEEDED BY THE RELATIVES.

Check one:

The subject property is located inside an urban growth boundary. The 120-day deadline for final action on the application pursuant to ORS 215.427(1) is:

The subject property is not located inside an urban growth boundary. The 150-day deadline for final action on the application pursuant to ORS 215.427(1) is: 8/4/2022



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STAFF USE ONLY

RECEIVED

MAR - 2 2022

Clackamas County
Planning & Zoning Division

Staff Initials: **GRH** File Number:

Land use application for:

TEMPORARY DWELLING FOR CARE

Application Fee: \$504

APPLICANT INFORMATION			
Applicant name: Fred and Peggy St. Andre	Applicant email: Fred.St.Andre42@gmail.com	Applicant phone: 603-637-9029	
Applicant mailing address: PO Box 877	City: Oregon City	State: OR	ZIP: 97045
Contact person name (if other than applicant):	Contact person email:	Contact person phone:	
Contact person mailing address:	City:	State:	ZIP:

PROPOSAL
Brief description of proposal: Renewal of a temp care permit

SITE INFORMATION		
Site address: 19993 S. Fischers Hill Rd.	Comprehensive Plan designation: Rural	Zoning district: RRFF-5
Map and tax lot #: Township: 3S Range: 3E Section: 5A Tax Lot: 00100	Land area: 5.18 acres	
Adjacent properties under same ownership: Township: _____ Range: _____ Section: _____ Tax Lot: _____ Township: _____ Range: _____ Section: _____ Tax Lot: _____		

Printed names of all property owners: Fred St. Andre Peggy St. Andre	Signatures of all property owners: Fred St. Andre (Peggy cannot physically sign)	Date(s): 2-25-2022
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I hereby certify that the statements contained herein, along with the evidence submitted, are in all respects true and correct to the best of my knowledge.

Applicant signature: **Fred St. Andre** Date: **2-25-2022**

A. Review applicable land use rules:

This application is subject to the provisions of Section 1204, Temporary Permits of the Clackamas County Zoning and Development Ordinance (ZDO).

It is also subject to the ZDO's definitions, procedures, and other general provisions, as well as to the specific rules of the subject property's zoning district and applicable development standards, as outlined in the ZDO.

B. Turn in all of the following:

- Complete application form:** Respond to all the questions and requests in this application, and make sure all owners of the subject property sign the first page of this application. Applications without the signatures of *all* property owners are incomplete.
- Application fee:** The cost of this application is **\$504**. Payment can be made by cash, by check payable to "Clackamas County", or by credit/debit card with an additional card processing fee using the [Credit Card Authorization Form](#) available from the Planning and Zoning website. Payment is due when the application is submitted. Refer to the FAQs at the end of this form and to the adopted [Fee Schedule](#) for refund policies.
- Site plan:** Provide a site plan (also called a plot plan). A [Site Plan Sample](#) is available from the Planning and Zoning website. The site plan must be accurate and drawn to-scale on paper measuring no larger than 11 inches x 17 inches. The site plan must illustrate all of the following (when applicable):
 - Lot lines, lot/parcel numbers, acreage/square footage of lots, and contiguous properties under the same ownership;
 - All existing and proposed structures, fences, roads, driveways, parking areas, and easements, each with identifying labels and dimensions;
 - Setbacks of all structures from lot lines and easements;
 - Significant natural features (rivers, streams, wetlands, slopes of 20% or greater, geologic hazards, mature trees or forested areas, drainage areas, etc.); and
 - Location of utilities, wells, and all onsite wastewater treatment facilities (e.g., septic tanks, septic drainfield areas, replacement drainfield areas, drywells).
- Floor plans:** Attach detailed, accurate, and to-scale floor plans for the primary dwelling. Also include floor plans of any existing accessory dwelling on the property. Label all rooms, show all of their dimensions, include their square footage, and identify all doors and partition walls.
- Licensed healthcare provider's signed statement(s):** Have a licensed healthcare provider complete, sign, and date the statement page at the end of this application form, or another written statement that includes all of the same information, for each proposed care recipient. The signed statement(s) must be dated within 90 days preceding the date this permit application is submitted.
- Evidence for separate on-site wastewater treatment system (if applicable):** If you are requesting that the proposed temporary dwelling use a *separate* on-site wastewater treatment system than the primary dwelling, you must include evidence that the system serving the primary dwelling is not adequate to serve the temporary dwelling, unless you provide evidence that more than one lawfully established on-site wastewater treatment system exists on the subject lot of record or tract.
- Utility provider's statement for separate service (if applicable):** If you are requesting that the proposed temporary dwelling have *separate* water, electricity, natural gas, or sanitary sewer service than those of the primary dwelling, or have any separate utility meter, you must include a written statement from the utility provider substantiating that separate service is *required*, unless you provide evidence that more than one lawfully established service exists on the subject lot of record or tract.

C. Answer the following questions:

Accurately answer the following questions in the spaces provided. Attach additional pages, if necessary.

1. Is this an application to renew a previously approved *Temporary Dwelling for Care* permit?

NO, this is an application for a new permit.

YES, and the file number for the most recent approval is: Z 0057-19-STC

2. Identify the type of temporary dwelling proposed (see ZDO Section 202 for complete definitions of these dwelling types):

Manufactured home (Constructed on or after June 15, 1976, in accordance with federal manufactured housing construction and safety standards/regulations)

Mobile home (Constructed between January 1, 1962, and June 15, 1976, in accordance with the construction requirements of Oregon mobile home law)

Residential trailer (Greater than 400 square feet, less than 700 square feet, and constructed, for movement on the public highways, before January 1, 1962, in accordance with federal manufactured housing construction and safety standards /regulations)

Recreational vehicle (Not exceeding 400 square feet in gross floor area in the set-up mode and licensed by the State of Oregon as a vehicle, with or without motive power, that is designed for human occupancy and to be used temporarily for recreational, seasonal, or emergency purposes)

3. What are the names of all proposed care recipients?

Care recipient name(s): Fred and Peggy St. Andre

4. What are the names of all proposed care providers?

Care provider name(s): Michelle Wise, Shawn St. Andre',
Derrick St. Andre'

5. Will the proposed temporary dwelling be located on the same lot of record or tract as a lawfully established permanent dwelling? (A "tract" is one or more contiguous lots of record under the same ownership.)

NO

YES

6. If the temporary dwelling would be in the Ag/Forest (AG/F), Exclusive Farm Use (EFU), or Timber (TBR) zoning districts, is every proposed care recipient a resident of an existing dwelling located on the subject lot of record or tract, or the relative of such a resident?
- NO, the proposed care recipient does not currently reside at the subject property and is not the relative of a current resident.
 - YES, the proposed care recipient currently resides at the subject property or is the relative of a current resident.
 - The temporary dwelling would not be in the AG/F, EFU, or TBR Districts.

7. Identify everyone who will occupy each dwelling on the subject lot of record or tract:

Occupant name	Age	Relationship to care recipient(s)
PERMANENT PRIMARY DWELLING		
Shawn St. Andre'	53	Son
Derrick St. Andre'	44	Son
Michelle Wise	42	Daughter
TEMPORARY DWELLING		
Fred St. Andre'	79	Dad
peggy St. Andre'	74	MOM
ANY OTHER DWELLING (e.g. ADU, accessory historic dwelling, or other permanent dwelling)		

8. In the box below, explain why the use of any existing housing on the subject lot of record or tract, including rented or vacant housing, is not a reasonable alternative to the proposed temporary dwelling.

Also explain why the care recipient and care provider cannot reasonably be expected to reside in an existing permanent dwelling on the subject lot of record or tract.

If the reasoning is based on insufficient space in an existing dwelling or the need for privacy, you must include supporting details (such as the size of the existing housing and the number of bedrooms and bathrooms in the existing housing) in a detailed floor plan.

Fred and peggy St. Andre' are disabled. Fred is unable to climb stairs and would be unable to vacate the main house incase of a fire. Peggy is bedridden.

9. Would another adult live with the care recipient(s) if this permit is approved?

NO

YES, but that/those other adult(s) cannot provide the care for the following reasons:

10. Does any proposed care recipient *currently* reside on the subject lot of record or tract?

NO

YES, and no relative of the care recipient lives nearby.

YES, but other nearby relatives cannot provide care because (explain in the box below):

11. Is there another temporary dwelling for care already on the subject lot of record or tract?

NO

YES

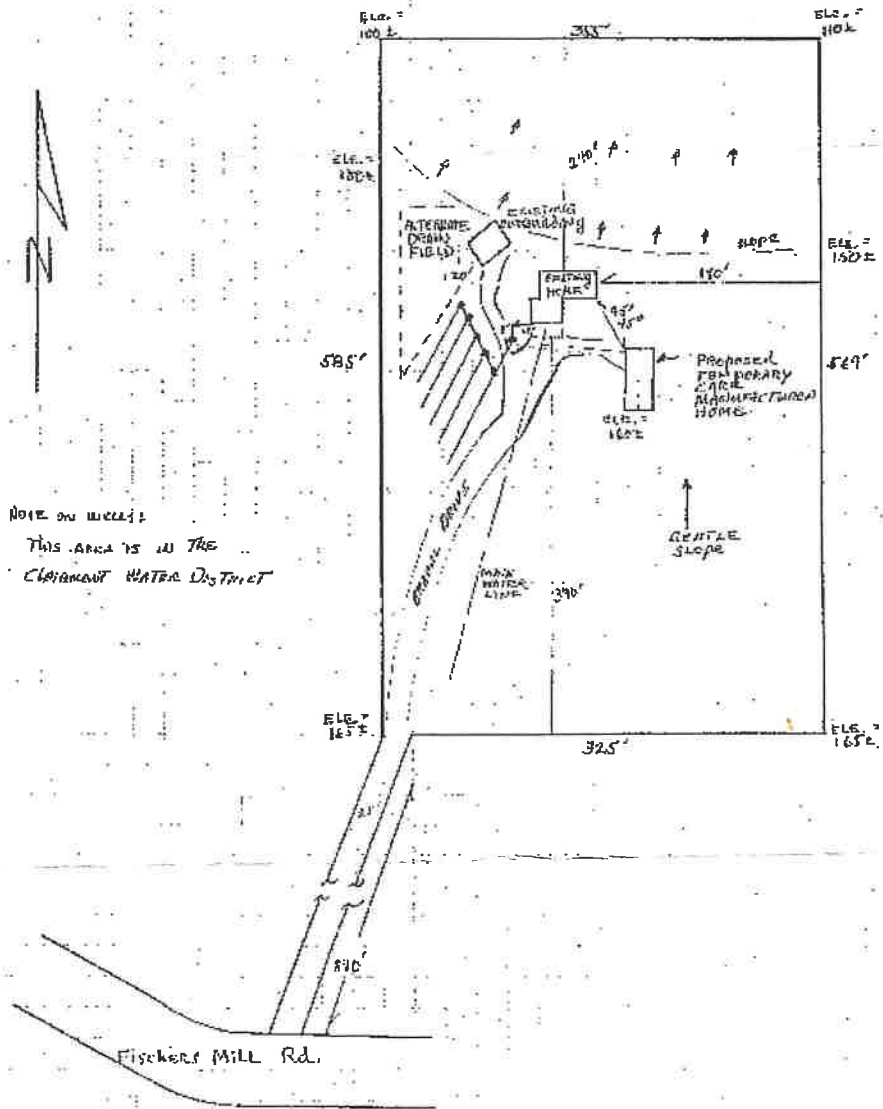
(No change to previous plans)

Site Plan

Applicants: Fred and Peggy A. SE. Andre
19995 Fischers Mill Rd.
Oregon City, OR 97045

PLOT PLAN

Township 3S Range 3E Section 5A Tax Lot 00100
Address: 19995 S. Fischers Mill Rd. Oregon City, OR 97045



NOTE ON MAP:
THIS AREA IS IN THE
CLATSOP WATER DISTRICT

Building Permit or Building Permit Application Number: _____



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Licensed Healthcare Provider's Statement

For an application for a Temporary Dwelling for Care Permit

Patient's name: PEGGY ST ANDRE 19993 S FISCHERS MILL RD Patient's address: OREGON CITY, OR 97045-0059	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 5px;">PATIENT INFORMATION</th> </tr> <tr> <td style="width: 70%; padding: 5px;"> Patient's age: 74 </td> <td style="width: 30%; padding: 5px;"> 19993 JB </td> </tr> </table>	PATIENT INFORMATION		Patient's age: 74	19993 JB
PATIENT INFORMATION					
Patient's age: 74	19993 JB				

This section must be fully completed only by the signed licensed healthcare provider.

1. The patient suffers from at least one of the following:

Age-related condition(s) generally described as:
DEGENERATIVE JOINT DISEASE
PERIPHERAL

Medical condition(s) generally described as:
COPD Chronic pain
OSA (Lumbar)
DEPRESSION DEMENTIA
Butterfly

2. The condition(s) require assistance with the following daily activities (check all that apply):

- Bathing/grooming
- Dressing
- Eating
- Property maintenance or improvement
- Ambulation/transferring
- Transportation
- Supervision due to cognitive impairment

- Food preparation
- Laundry
- Income generation due to financial hardship
- Routine shopping
- Toileting
- Medication management
- Other daily activity:

3. Assistance with these activities will be provided by the following people:

Name(s): Michelle Wise

I, the undersigned, do certify that I have completed this form and that the above information is true. I have marked _____ boxes in Question 1 and _____ boxes in Question 2.

Healthcare provider's name: <u>Robert Eller</u>	License number: <u>20182468</u>	Name of healthcare practice: <u>Amberlyns Woods</u>
Address of healthcare practice: <u>17550 Provost St Ste 201 Lake Oswego OR 97034</u>		Phone: <u>503-872-2440</u>
Healthcare provider's signature: 		Date: <u>2/9/22</u>

DISCLAIMER: This document will be held as a public record.



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Licensed Healthcare Provider's Statement

For an application for a Temporary Dwelling for Care Permit

PATIENT INFORMATION	
Patient's name: FRED ST ANDRE	Patient's age: 79
Patient's address: PG BOX 877 OREGON CITY, OR 97045	19993 S. Fischers Mill Rd. Oregon City OR 97045

This section must be fully completed only by the signed licensed healthcare provider.

1. The patient suffers from at least one of the following:

Age-related condition(s) generally described as:

Vision changes.
OSTEOARTHRITIS ELBOWS.

Medical condition(s) generally described as:

HYPERTENSION CAD
ATRIAL FIBRILLATION BPH
Hyperlipidemia

2. The condition(s) require assistance with the following daily activities (check all that apply):

Bathing/grooming

Dressing

Eating

Property maintenance or improvement

Ambulation/transferring

Transportation

Supervision due to cognitive impairment

Food preparation

Laundry

Income generation due to financial hardship

Routine shopping

Toileting

Medication management

Other daily activity:

3. Assistance with these activities will be provided by the following people:

Name(s): Michelle Wise

I, the undersigned, do certify that I have completed this form and that the above information is true. I have marked _____ boxes in Question 1 and _____ boxes in Question 2.

Healthcare provider's name:

Robert Eller

License number:

00186468

Name of healthcare practice:

PMG Marys Woods

Address of healthcare practice:

17550 Provost St Ste 301 Lake Oswego OR 97034

Phone:

503-872-2440

Healthcare provider's signature:

[Signature]

Date:

2/9/22

DISCLAIMER: This document will be held as a public record.

