



**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](mailto:zoninginfo@clackamas.us)  
[www.clackamas.us/planning](http://www.clackamas.us/planning)

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**NOTICE OF LAND USE APPLICATION IN YOUR AREA**

**Date:** 03/28/2022  
**Permit Number:** Z0136-22  
**Application:** Temporary Permit/Care/Renew  
**From:** Clackamas County Planning and Zoning  
**Notice Mailed To:** Property owners within 750 feet  
Community Planning Organizations (CPO)  
Interested Citizens and Agencies

**Application Proposal:**

TEMPORARY DWELLING FOR CARE The applicant is requesting approval to renew temp care for the Manufactured Home, in addition to the primary dwelling. The Temporary for Care is to assist in the provision of care for Clifford Morrison. Clifford, who requires care due to a medical condition, would reside in the temporary dwelling with his wife Eva Morrison.

**Property Owner:** MURRIETTA CHRIS B  
**Applicant:** MORRISON, CLIFFORD  
**Address:** 22940 S STORMER RD  
ESTACADA, OR 97023

**Location:**

**Legal Description:** 33E14 00101 **Acres:** 9.29

**Zone:** EFU - EXCLUSIVE FARM USE

**Staff:** Roman Sierra 503-742-4516 **E-mail:** [rsierra@clackamas.us](mailto:rsierra@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:** Z0136-22

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)

202, 401, 1204, & 1307

The Ordinance criteria for evaluating this application can be viewed at [www.clackamas.us/planning/zdo.html](http://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:

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Your Name/Organization

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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](mailto: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:	<input type="text" value="3/21/22"/>
FILE NUMBER:	<input type="text" value="Z0136-22-STC"/>
APPLICATION TYPE:	<input type="text" value="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:

Staff Name

Title

**Comments:**

**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:



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**STAFF USE ONLY**

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RECEIVED

Mar 21 2022

Clackamas County  
Planning & Zoning Division

Z0136-22-STC

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Staff Initials: \_\_\_\_\_ File Number: \_\_\_\_\_

Land use application for:

# TEMPORARY DWELLING FOR CARE

Application Fee: \$504

APPLICANT INFORMATION			
Applicant name: <b>CLIFFORD J. MORRISON</b>	Applicant email: <b>kochackis@icloud.com</b>	Applicant phone: <b>503.734.7127</b>	
Applicant mailing address: <b>2</b>	City: <b>Oregon City</b>	State: <b>OR</b>	ZIP: <b>97038</b>
Contact person name (if other than applicant): <b>Greta Kochackis</b>	Contact person email: <b>kochackis@icloud.com</b>	Contact person phone: <b>503.734.7127</b>	
Contact person mailing address: <b>22940 S. Stormer Rd</b>	City: <b>Estacada</b>	State: <b>OR</b>	ZIP: <b>97023</b>

PROPOSAL
Brief description of proposal:  <div style="font-size: 1.5em; font-family: cursive;">Temporary Care Renewal</div>

SITE INFORMATION			
Site address: <b>22940 S. Stormer Rd Estacada OR 97045</b>	Comprehensive Plan designation: <b>AG</b>	Zoning district: <b>EFU</b>	
Map and tax lot #:		Land area:	
Township: <u>3</u> Range: <u>3E</u> Section: <u>14</u> Tax Lot: <u>00101</u>	Township: _____ Range: _____ Section: _____ Tax Lot: _____	9.29 acres	
Township: _____ Range: _____ Section: _____ Tax Lot: _____			
Adjacent properties under same ownership:			
Township: _____ Range: _____ Section: _____ Tax Lot: _____			
Township: _____ Range: _____ Section: _____ Tax Lot: _____			

Printed names of all property owners: <b>Chris B. Murrietta</b>  <b>Greta Kochackis</b>	Signatures of all property owners:  	Date(s): <b>12/15/21</b>  <b>December 10, 2021</b>
<p><b>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.</b></p>		
Applicant signature: _____		Date: _____

## 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\_\_\_\_\_.

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): Clifford Morrison

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

Care provider name(s): Greta Kochackis & CHRIS MURRIETTA

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:

<i>Occupant name</i>	<i>Age</i>	<i>Relationship to care recipient(s)</i>
<b>PERMANENT PRIMARY DWELLING</b>		
Chris B. Murrietta	56	Nephew
Greta Kochackis	62	Niece
<b>TEMPORARY DWELLING</b>		
Clifford Morrison	71	Uncle
Eva Morrison	80	Aunt
<b>ANY OTHER DWELLING (e.g. ADU, accessory historic dwelling, or other permanent dwelling)</b>		

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.

The existing dwelling is not handicap accessible. Both entrances have stairs. Bathrooms are not handicap accessible, unable to shower, or use wheel chair.

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:

Recipient's wife cannot walk without a cane or a walker. Has severe arthritis and hip pain.



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



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## Licensed Healthcare Provider's Statement

### For an application for a Temporary Dwelling for Care Permit

PATIENT INFORMATION	
Patient's name: <b>CLIFFORD J. MORRISON</b>	Patient's age:
Patient's address: <b>22940 S. Stormer Rd. Estacada, OR 97023</b>	

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

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

<input type="checkbox"/> Age-related condition(s) generally described as: _____ _____	<input checked="" type="checkbox"/> Medical condition(s) generally described as: <b>Parkinson disease</b> _____ _____
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**2. The condition(s) require assistance with the following daily activities (check all that apply):**

<input checked="" type="checkbox"/> Bathing/grooming <input checked="" type="checkbox"/> Dressing <input checked="" type="checkbox"/> Eating <input checked="" type="checkbox"/> Property maintenance or improvement <input checked="" type="checkbox"/> Ambulation/transferring <input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Supervision due to cognitive impairment	<input checked="" type="checkbox"/> Food preparation <input checked="" type="checkbox"/> Laundry <input checked="" type="checkbox"/> Income generation due to financial hardship <input checked="" type="checkbox"/> Routine shopping <input checked="" type="checkbox"/> Toileting <input checked="" type="checkbox"/> Medication management <input type="checkbox"/> Other daily activity: _____
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**3. Assistance with these activities will be provided by the following people:**

Name(s): **Eva Morrison & Greta Kochackis**

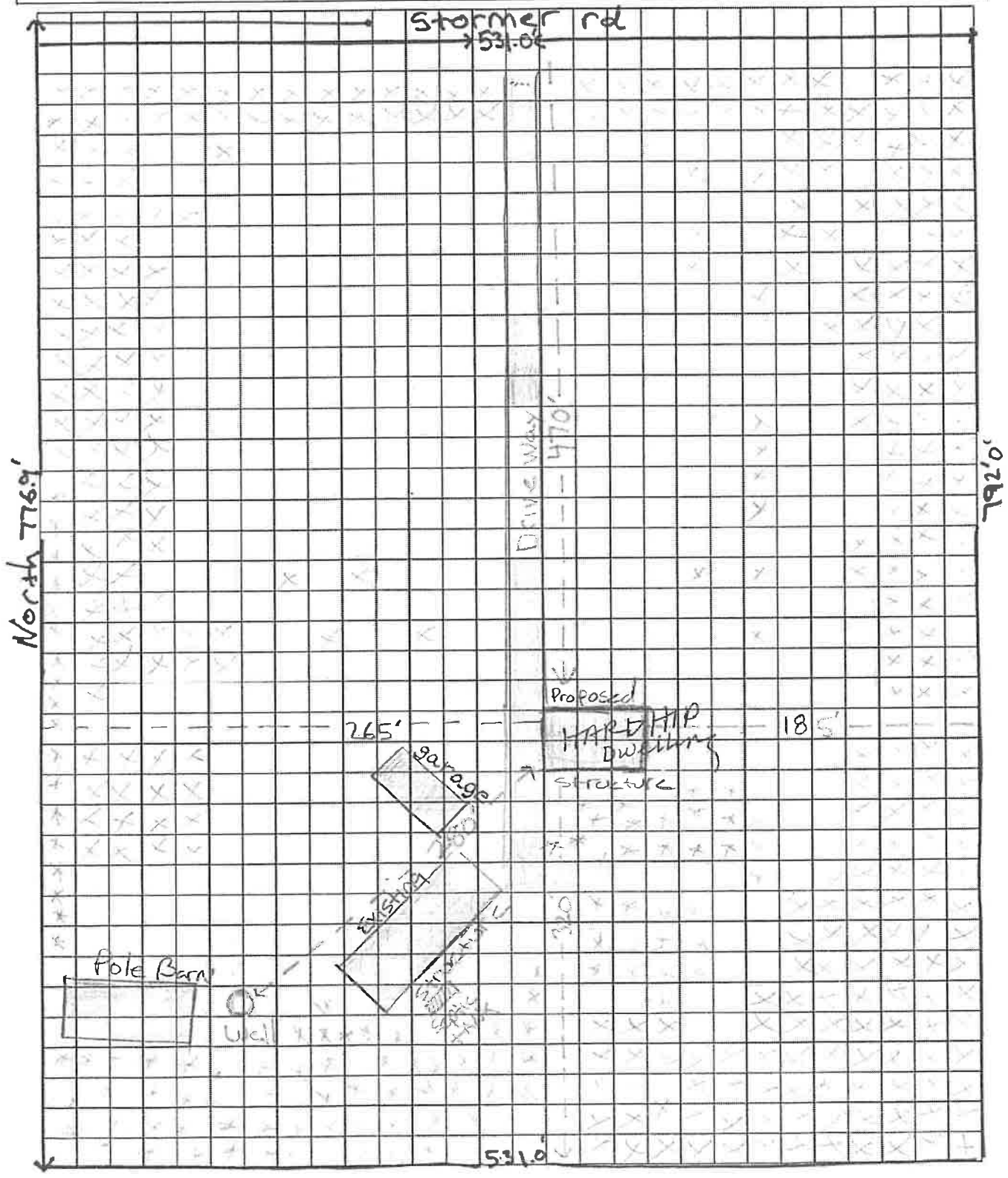
*I, the undersigned, do certify that I have completed this form and that the above information is true. I have marked \_\_\_\_\_ boxes in Question 1 and \_\_\_\_\_ boxes in Question 2.*

Healthcare provider's name: <b>Jeff Dart M.D.</b>	License number: <b>188398</b>	Name of healthcare practice: <b>NWPC</b>
Address of healthcare practice: <b>1511 Division St. Suite 102 Oregon City, OR 97045</b>		Phone: <b>503-659-4988</b>
Healthcare provider's signature: 		Date: <b>3/11/22</b>

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

Jeffrey Dart, MD CAQSM  
 1511 Division Street, Suite 102  
 Oregon City, OR 97045  
 PH: 503-659-4988 Fax: 503-353-1234

Township 3 Range 3E Section 14 Tax Lot 00101  
 Address 22940 S Stormer



Building Permit or Building Permit Application Number:

\*TTCS