



**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 of Mailing of this Notice:** 08/19/2024

**Notice Mailed To:** Property owners within 750 feet of the subject property  
Community Planning Organizations (CPO)  
Interested Agencies

**File Number:** Z0332-24

**Application Type:** Temporary Permit/Care/Renew

**Proposal:** TEMPORARY DWELLING FOR CARE applicant request to renew application to site a Manufactured Home as a Temporary Dwelling for Care on the subject property, in addition to the primary dwelling, to assist in the provision of care to Mertis Shelley. Mertis, the care recipient who requires care due to medical conditions, would reside in the primary dwelling with her husband, daughter and son-in-law, while the primary care provider (Ashley Powers- Ross and Cody Ross) would reside in the temporary dwelling. Deed Restriction recorded Doc# 2021-014451

**Applicable Zoning and Development Ordinance (ZDO) Criteria:** In order to be approved, this proposal must comply with ZDO Sections 202,401,1204, 1307. The ZDO criteria for evaluating this application can be viewed at <https://www.clackamas.us/planning/zdo.html>

**Applicant:** ROSS, CODY

**Property Owner:** POWERS LOREN R & M DARCY

**Site Address:** 22355 S EADEN RD  
OREGON CITY, OR 97045

**Location:** Subject property is located on S Eaden Rd, next to Foster Creek, and West of S Rory Ct.

**Assessor's Map and Tax Lot:** 23E35 00701

**Zoning:** EFU-EXCLUSIVE FARM USE DISTRICT

**Staff Contact:** Michelle Salo Reiter 503-742-4532      **E-mail:** [MSalo@clackamas.us](mailto:MSalo@clackamas.us)

**File Number:** Z0332-24

**Community Planning Organization:** The following recognized Community Planning Organization (CPO) has been notified of this application. This organization may develop a recommendation. You are welcome to contact the CPO and attend their meeting on this matter, if one is planned.

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

If this CPO is currently inactive and you are interested in becoming involved in land use planning in your area, please contact Clackamas County Community Engagement at [communityinvolvement@clackamas.us](mailto:communityinvolvement@clackamas.us). In some cases where there is an inactive CPO, a nearby active CPO may review the application. To determine if that applies to this application, call or email the staff contact.

**How to Review this Application:** A copy of the application, all documents and evidence submitted by or on behalf of the applicant, and applicable criteria are available for inspection at no cost. Copies may be purchased at the rate of \$2.00 per page for 8 1/2" x 11" or 11" x 14" documents, \$2.50 per page for 11" x 17" documents, \$3.50 per page for 18" x 24" documents and \$0.75 per sq ft with a \$5.00 minimum for large format documents. You may view or obtain these materials:

- Online at <https://accela.clackamas.us/citizenaccess/>. After selecting the Planning tab enter the file number to search. Select File Number and then select Attachments from the dropdown list, where you will find the submitted application; or
- By emailing or calling the staff contact.

**Decision Process:** Following the closing of the comment period, a written decision on this application 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.

**How to Comment on this Application:**

To ensure your comments are considered prior to issuance of the decision, they must be received within 20 days of the date of this notice. Comments may be submitted by email to the staff contact or by regular mail to the address at the top of this notice. Please include the file number on all correspondence, and focus your comments on the approval criteria identified above or other criteria that you believe apply to the decision.

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 least three (3) business days before the meeting at 503-742-4545 or [DRenhard@clackamas.us](mailto:DRenhard@clackamas.us).*

¿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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**TYPE II OR III LAND USE APPLICATION**

**DEEMED COMPLETE**

ORIGINAL DATE SUBMITTED:	<input type="text" value="8/13/2024"/>
FILE NUMBER:	<input type="text" value="Z0332-24"/>
APPLICATION TYPE:	<input type="text" value="TEMP 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

Aug 13 2024

Clackamas County  
 Planning & Zoning Division

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Staff Initials: \_\_\_\_\_ File Number: **Z0332-24**

Land use application for:

# TEMPORARY DWELLING FOR CARE

Application Fee: \$835

APPLICANT INFORMATION			
Applicant name: <i>Cody Ross</i>	Applicant email: <i>Cross115003@gmail.com</i>	Applicant phone: <i>503-470-0333</i>	
Applicant mailing address: <i>22355 S Eaden Rd</i>	City: <i>Oregon City</i>	State: <i>OR</i>	ZIP: <i>97045</i>
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: <i>Renewal of current permit for accessory dwelling for care</i>

SITE INFORMATION		
Site address: <i>22355 S Eaden Rd</i>	Comprehensive Plan designation:	Zoning district:
Map and tax lot #: <i>Township: T2S Range: R3E Section: 35 Tax Lot: 00-701</i>	Land area:	
Adjacent properties under same ownership: Township: _____ Range: _____ Section: _____ Tax Lot: _____ Township: _____ Range: _____ Section: _____ Tax Lot: _____		

Printed names of all property owners: <i>LOREN R POWERS M DANNY POWERS</i>	Signatures of all property owners: <i>Loren R. Powers M Danny Powers</i>	Date(s): <i>8-8-2024</i>
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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: <i>[Signature]</i>	Date: <i>8/2/24</i>
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## 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 \$835. 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: Z0293-22.

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): Mertis I Shelley

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

Care provider name(s): Ashley Powers-Ross

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>		
Loren R. Powers	59	Sen-in-law
Marcy Powers	54	Daughter
Parrell D. Shelley	81	Husband
Merts J. Shelley	78	Care Recipient
<b>TEMPORARY DWELLING</b>		
Cody Ross	32	Grandson-in-law
Ashley Powers-Ross	33	Granddaughter
<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 primary dwelling is a 2400 square foot house that already has two families living in it. Between the number of bedrooms, bathrooms and storage there is not enough space to house three families in the primary dwelling. Cody and Ashley are newly married October 2020 and getting ready to start a family.

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:

Both Loren + Dany work full-time (40+ hours per week) Loren travel for his job. Darrell is no longer strong enough to help with daily needs as well as the upkeep of the house + property.



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. *THIS IS A RENEWAL OF a current permit.*

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: MERTIS I SHELLEY	Patient's age: 78
Patient's address: 22355 S KADEN 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical condition(s) generally described as:

History of TIA  
Urge Incontinence  
\_\_\_\_\_  
\_\_\_\_\_

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"/> Food preparation                 |
| <input checked="" type="checkbox"/> Dressing                                | <input type="checkbox"/> Laundry                                     |
| <input type="checkbox"/> Eating   | <input type="checkbox"/> Income generation due to financial hardship |
| <input type="checkbox"/> Property maintenance or improvement                | <input checked="" type="checkbox"/> Routine shopping                 |
| <input type="checkbox"/> Ambulation/transferring                            | <input type="checkbox"/> Toileting                                   |
| <input checked="" type="checkbox"/> Transportation                          | <input checked="" type="checkbox"/> Medication management            |
| <input checked="" type="checkbox"/> Supervision due to cognitive impairment | <input type="checkbox"/> Other daily activity:<br>_____              |

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

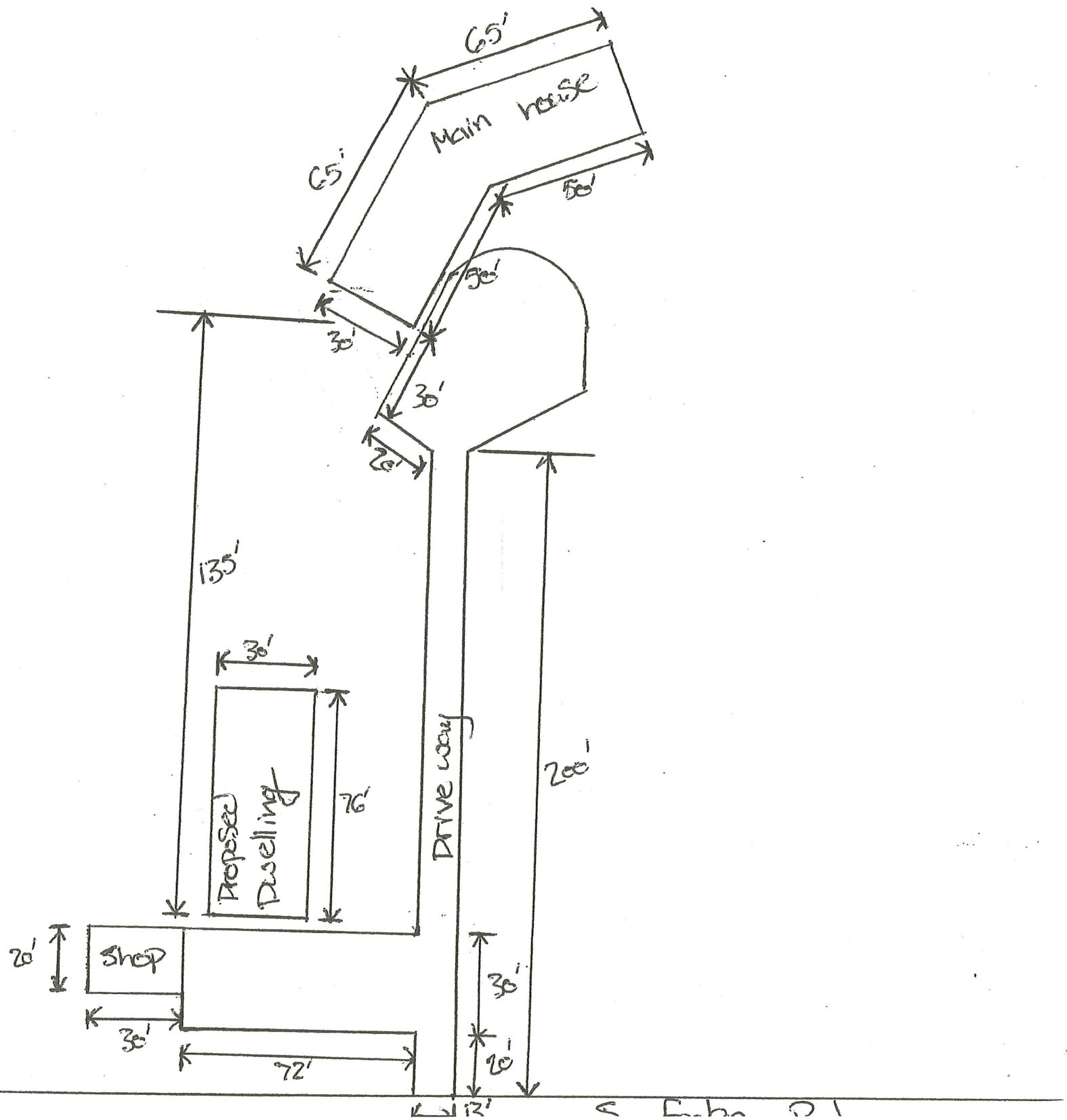
Name(s): Cody Ross, Ashley Power-Ross

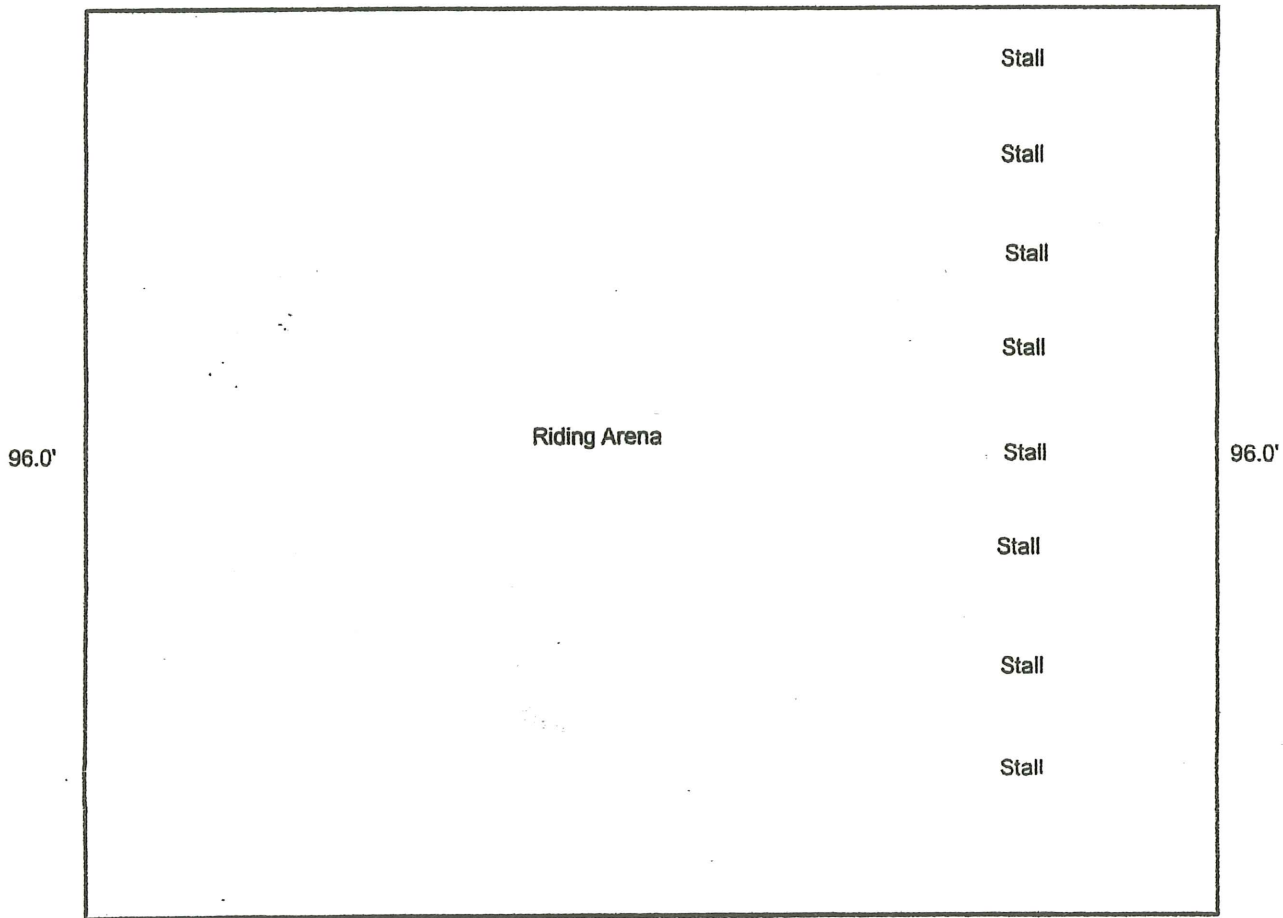
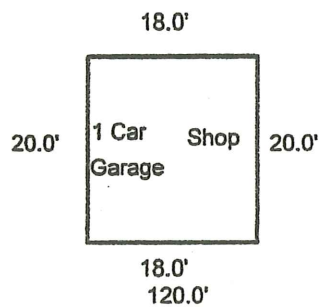
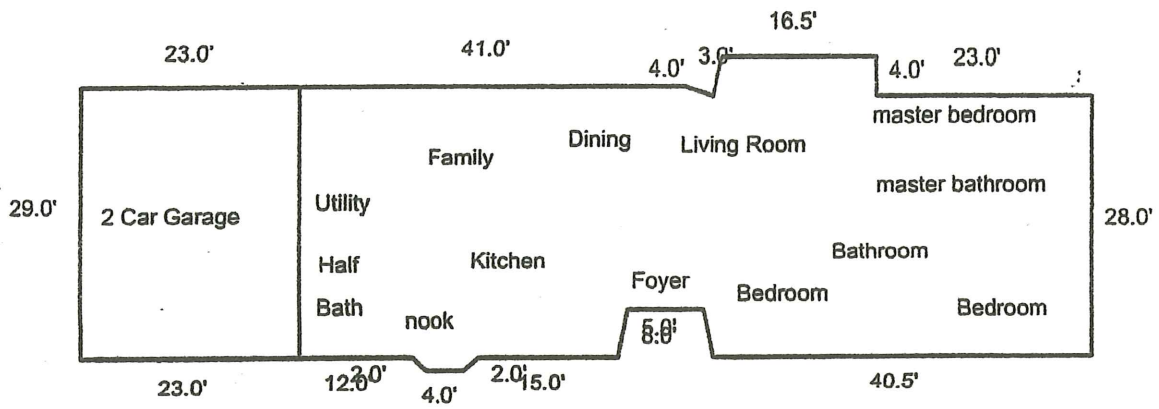
I, the undersigned, do certify that I have completed this form and that the above information is true. I have marked \_\_\_\_\_ boxes in Question 1 and \_\_\_\_\_ boxes in Question 2.

Healthcare provider's name: Doniel Tamashiro	License number: MD22157	Name of healthcare practice: Kaiser
Address of healthcare practice: 5800 512 Sunny side		Phone: 503 812 2000
Healthcare provider's signature: 		Date: 7/10/24

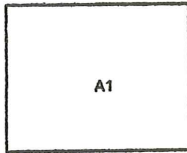
**DISCLAIMER: This document will be held as a public record.**

N ↑



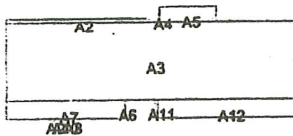


**SKETCH CALCULATIONS**



A1 :  $120.0 \times 96.0 =$  11520.0

Arena 11520.0



A2 :  $0.5(41.0 + 44.0) \times 1.0 =$  42.5

A3 :  $84.5 \times 23.0 =$  1943.5

A4 :  $0.5 \times 1.0 \times 4.0 =$  2.0

A5 :  $16.5 \times 4.0 =$  66.0

A6 :  $0.5 \times 1.0 \times 5.0 =$  2.5

A7 :  $34.0 \times 5.0 =$  170.0

A8 :  $0.5 \times 1.5 \times 1.5 =$  1.1

A9 :  $0.5 \times 1.5 \times 1.5 =$  1.1

A10 :  $4.0 \times 1.5 =$  6.0

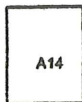
A11 :  $0.5 \times 1.0 \times 5.0 =$  2.5

A12 :  $40.5 \times 5.0 =$  202.5

Attached Garage 0.0

First Floor 2439.7

**Total Living Area 2439.7**



A14 :  $23.0 \times 29.0 =$  667.0

Attached Garage 667.0



A15 :  $18.0 \times 20.0 =$  360.0

Detached Garage 360.0



Compass 27  
13700 S Lava Court

Compass 27  
21572 S Duke Road

Compass 27  
8318 S Horizon Road

Subnet  
22288 S Cedar Road

G.A.D.

62-04

WATTS

RORY COURT NORTH

701  
20.02 Ac.  
17128  
12558

700  
24.06 Ac.  
22681

507 508  
 506 509  
 505 510  
 504 514  
 501 502 522 512  
 22775 17618  
 503

FOSTER

INITIAL POINT

N LINE ISAAC 1008 11.30 Ac.  
 1009 8.18 Ac.  
 900 21.38 Ac.  
 1800 21.38 Ac.  
 NE COR DLC NO. 44  
 1700 18.23 Ac.  
 170F 24.00 Ac.  
 29.00  
 LOT B 3.12  
 LOT 4