



**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 of Mailing of this Notice: 08/16/2022

Notice Mailed To: Property owners within 500 feet of the subject property
Community Planning Organizations (CPO)
Interested Agencies

File Number: Z0377-22

Application Type: Temporary Permit/Care/Renew

Proposal: This is an application to renew a Temporary Dwelling for Care Permit to continue to authorize the temporary placement of a manufactured home on the subject property, in addition to the primary dwelling, in the provision of care to Julie Poe. If approved, Julie, who requires care due to medical conditions, would continue to reside with her husband in the primary dwelling; her care providers and the care providers' child would reside in the temporary dwelling.

Applicable Zoning and Development Ordinance (ZDO) Criteria: In order to be approved, this proposal must comply with ZDO Sections 202, 316, 1204, & 1307. The ZDO criteria for evaluating this application can be viewed at <https://www.clackamas.us/planning/zdo.html>

Applicant: CAMPBELL, THOMAS TAYLOR

Property Owner: CAMPBELL THOMAS TAYLOR

Site Address: 21355 S JUBB RD
ESTACADA, OR 97023

Location: property is located on S. Jubb Rd and corner of Tennys Creek Ln.

Assessor's Map and Tax Lot: 33E24B 01800 **Approximate Property Size:** 10.11

Zoning: FF10-FARM FOREST 10 ACRES

Staff Contact: Roman Sierra 503-742-4516

E-mail: rsierra@clackamas.us

File Number: Z0377-22

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 [503-655-8751](tel:503-655-8751). 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:

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 least three (3) business days before the meeting at 503-742-4545 or 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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LAND USE APPLICATION

DEEMED COMPLETE

ORIGINAL DATE SUBMITTED:

FILE NUMBER:

APPLICATION TYPE:

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

RECEIVED

Aug 9 2022

Clackamas County
Planning & Zoning Division

Z0377-22-STC

Staff Initials: _____ File Number: _____

Land use application for:

TEMPORARY DWELLING FOR CARE

Application Fee: \$835

APPLICANT INFORMATION			
Applicant name: Thomas Taylor Campbell		Applicant email: ttcampb1@outlook.com	
Applicant mailing address: 21355 S Jubb Rd.		State: OR	ZIP: 97023
Contact person name (if other than applicant): Kirsten Rae Zamolda		Contact person email: kirsten@bpbuilds.com	
Contact person mailing address: 21355 S Jubb Rd.		State: OR	ZIP: 97023

PROPOSAL
Brief description of proposal: New hardship permit for existing manufactured home on property (previously approved Z0460-17-STC) for continued care for Julie Poe (mother) and property.

SITE INFORMATION		
Site address: 21331 S Jubb Rd. Estacada, OR 97023	Comprehensive Plan designation: OUTSIDE UGB	Zoning district: FF10
Map and tax lot #: Township: <u>3</u> Range: <u>3E</u> Section: <u>24B</u> Tax Lot: <u>01800</u> Township: _____ Range: _____ Section: _____ Tax Lot: _____ Township: _____ Range: _____ Section: _____ Tax Lot: _____		Land area: 8.84/10.11 Acres - Class 641 - Redland - Viola - Fischer's Mill
Adjacent properties under same ownership: Township: _____ Range: _____ Section: _____ Tax Lot: _____ Township: _____ Range: _____ Section: _____ Tax Lot: _____		

Printed names of all property owners: Thomas T. Campbell	Signatures of all property owners: 	Date(s): 8/3/2022
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: 	Date: 8/3/2022	

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 **\$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: 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): _____ Julie Ann Poe _____

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

Care provider name(s): _____ Thomas Taylor Campbell & Kirsten Rae Zamoida _____

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>
PERMANENT PRIMARY DWELLING		
Julie A. Poe	60	Care recipient
Larry A. Poe	77	Spouse
TEMPORARY DWELLING		
Thomas T. Campbell	34	Son & Property owner
Kirsten R. Zamoida	35	Daughter-in-common-law
Brooklyn N. Campbell	9	Granddaughter
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.

At present, the existing permanent primary dwelling is in the permitting process for demolition (approved permit B0368022) and a replacement dwelling (in process submission permit MH0004922) due to severe weather damage and deterioration over time. The existing home is no longer safe for either family to reside within.

The existing primary dwelling is 2600sf and the proposed replacement dwelling is 1296sf. Due to this downsize, the proposed replacement dwelling will no longer be large enough for both families.

Julie's care requires privacy for daily naps, assistance with bathing, and assistance using the restroom. It also requires adequate space for safely maneuvering throughout the home because she is in a wheelchair. With Thomas' family continuing to grow, there is not enough consistent privacy and space available for Julie due to constant daily activities, property maintenance needs, and fluctuating work/school schedules.

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:

Larry's age and multiple artificial joint replacements prevent him from providing all aspects of Julie's care. He can do small daily tasks (like meal prep), but he is unable to lift Julie when needed or maintain the property and household alone.

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):

Julie's closest relatives have passed away and her spouse's age and physical health prevent him from being able to solely provide full care.

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

NO

YES

August 3, 2022

To Whom It May Concern:

We are writing this letter as a supplement to our application in order to help clarify some of the extenuating circumstances surrounding our current submission(s) to Clackamas County.

In 2017, a Temporary Dwelling for Care permit was submitted by Thomas and Kelly Campbell for the care of Julie Poe who resides in the existing Permanent Dwelling at 21331 S Jubb. Rd. It was approved and a manufactured home was placed on the property **(Z0460-17-STC)**.

In the summer of 2019, Thomas and Kelly were divorced and ownership of the property was transferred to Thomas.

In the fall of 2019, Thomas was involved in a car accident that resulted in his diagnosis of a Severe Traumatic Brain Injury (STBI), which generally has a projected recovery time of a minimum of 2 years. Kirsten Zamoida moved in to assist Thomas in his responsibility as Julie's caregiver, as well as in his own recovery.

In the fall of 2020, the previously approved Temporary Dwelling permit expired. Kirsten was unaware of the necessity or guidelines for the Temporary Dwelling permit renewal and Thomas did not recall the timeline or circumstances due to his condition at this time.

In the winter of 2020, the Permanent Dwelling suffered weather damage due to a wind storm and subsequently, severe deterioration was uncovered following initial inspection of the damages as dictated by the insurance policy of Larry and Julie Poe. An extended period of exploration then began to determine what their policy would and would not cover in order to repair the Permanent Dwelling.

In the fall of 2021, Thomas was medically cleared and considered to have made a full recovery from his STBI, though it is a lifelong injury. He continues to progress and has regular medical follow ups.

In the spring of 2022, it was ultimately determined that Larry and Julie's insurance policy would not cover even a fraction of the estimated cost to repair the Permanent Dwelling. In order to remain on the property with readily available assistance in care, Larry and Julie decided to move forward with purchasing a new manufactured home which would allow them to live in a safe, comfortable, and financially manageable residence.

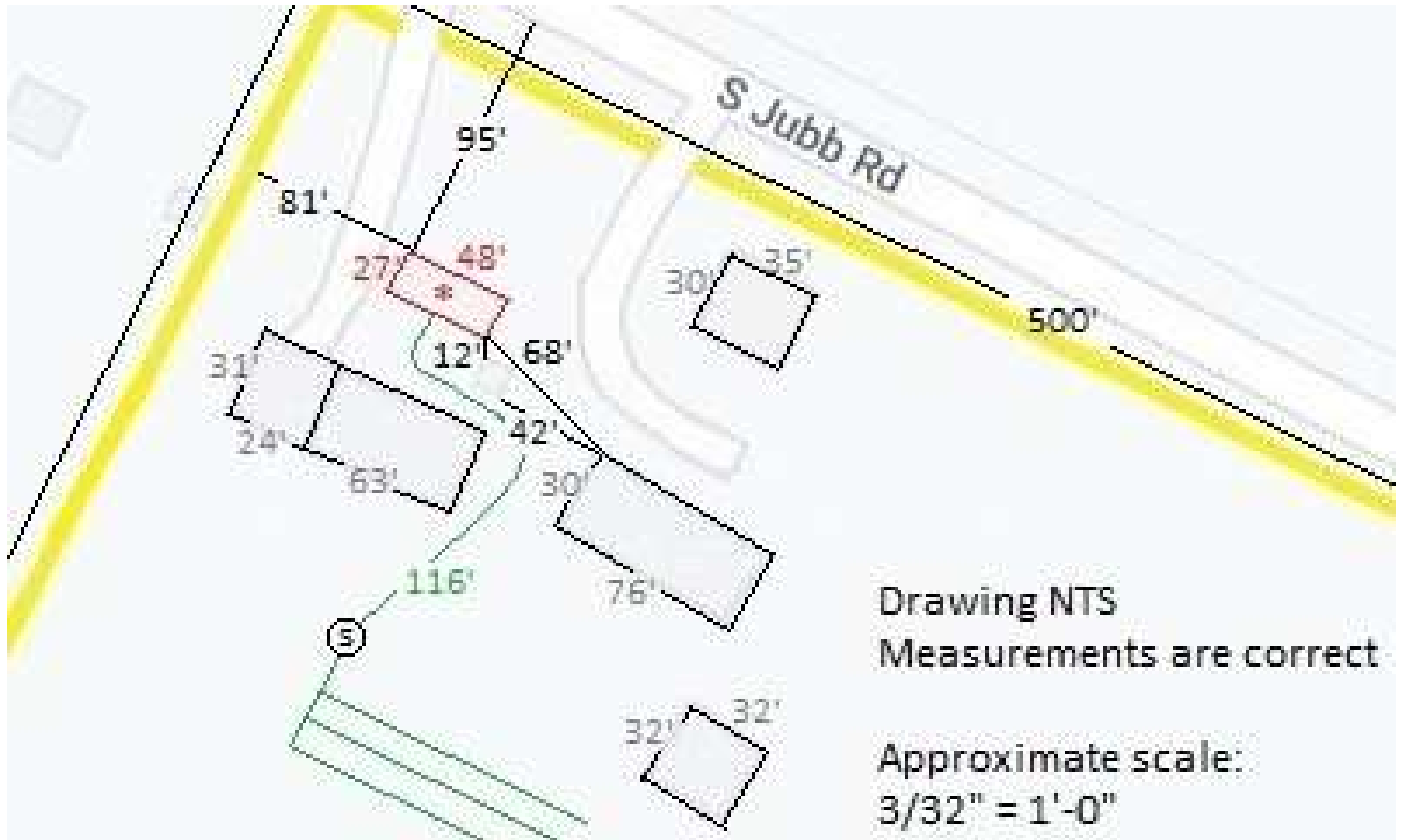
Following this decision, Kirsten reached out to the County to receive some guidance on how to progress and was told it would be a multiple-step submission process.

1. A Demolition Permit for the Permanent Dwelling would be needed.
 - a. **(Submitted and Approved B0368022)**.
2. A Replacement Dwelling Permit for the new Permanent Dwelling would be needed.
 - a. **(Submitted and In Process MH0004922)**.
3. And a NEW Temporary Dwelling for Care Permit would need to be submitted for the existing Temporary Dwelling for Care as a result of the renewal lapse/expiration of the previous permit at some point in this process.

We are well aware of the complexity of these circumstances and more than willing to provide any additional information or documentation as needed.

Thank you so much for your assistance,

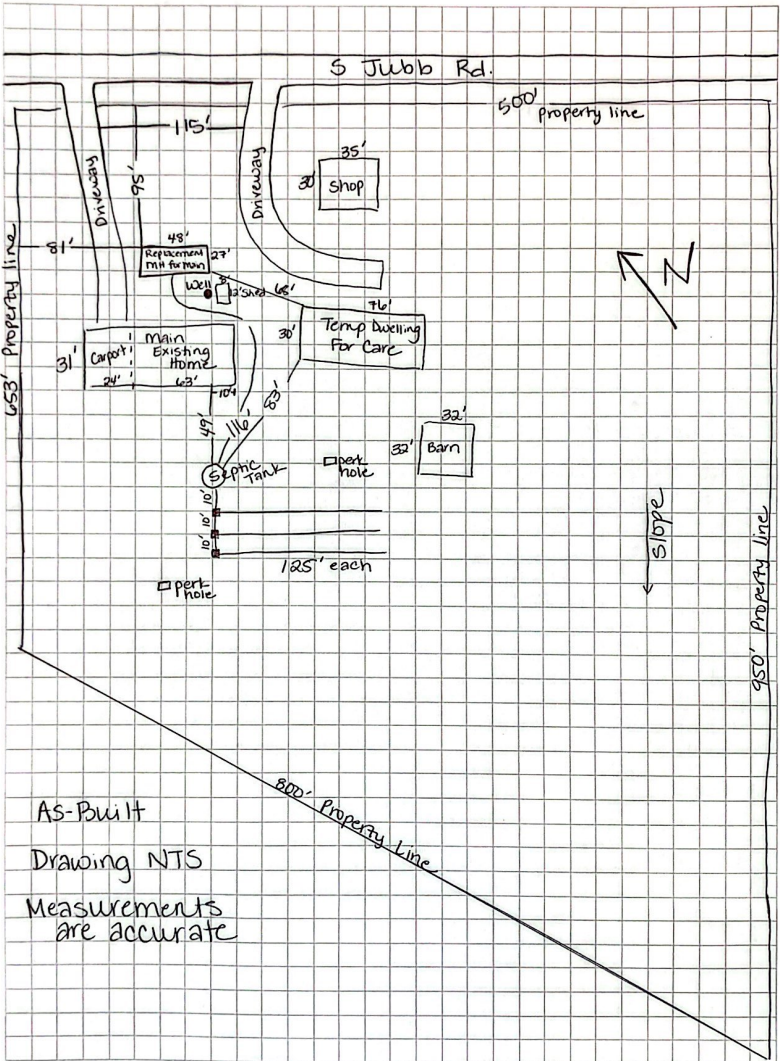
Thomas Campbell & Kirsten Zamoida



SEPTIC PLOT PLAN

As-Built

Applicant Thomas Campell
Township 3 Range 3E Section 24B Tax Lot 01800
Address 21331 S. Jubb Rd. Estacada, OR 97023



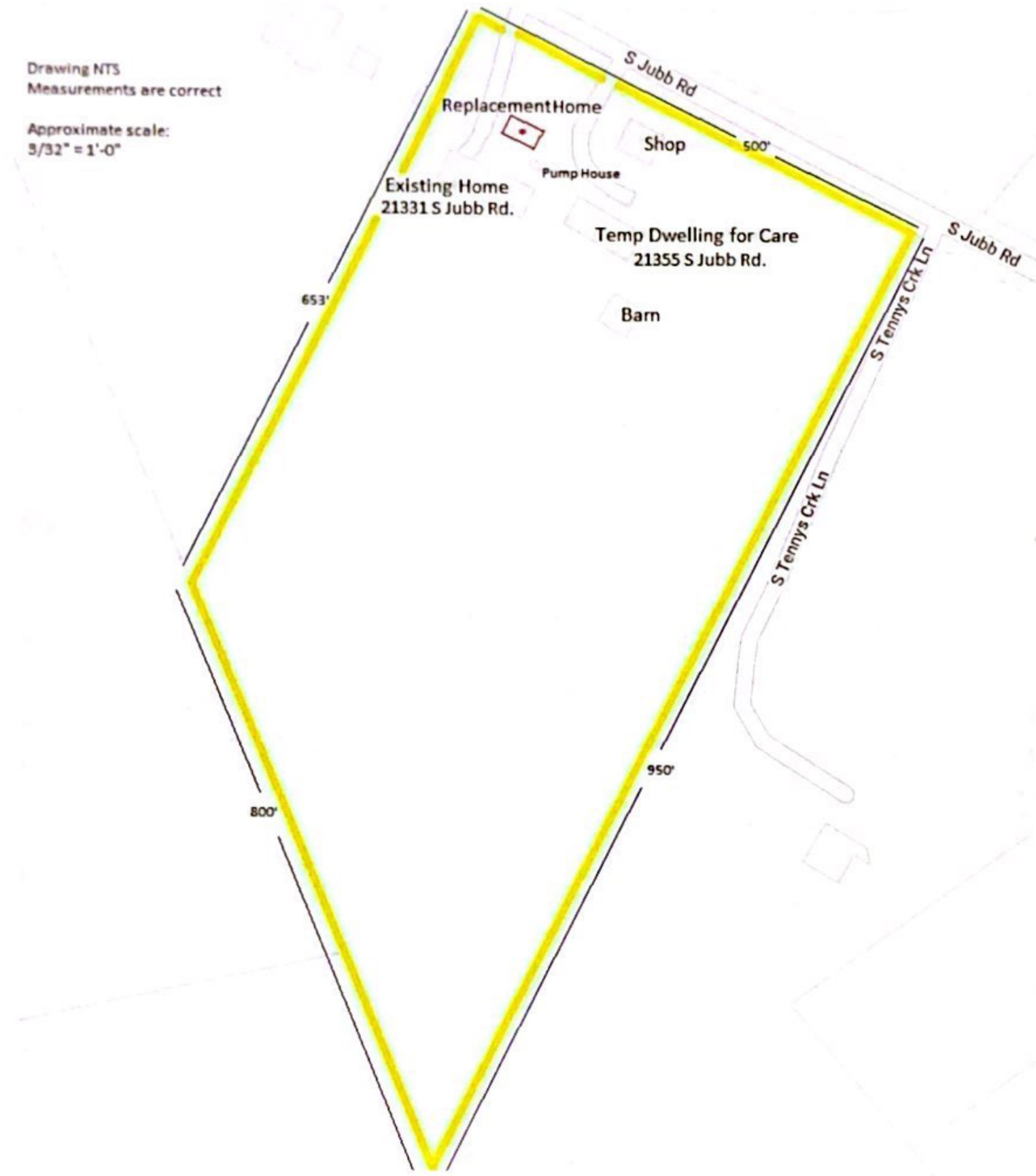
As-Built

Drawing NTS

Measurements are accurate

Drawing NTS
Measurements are correct

Approximate scale:
3/32" = 1'-0"



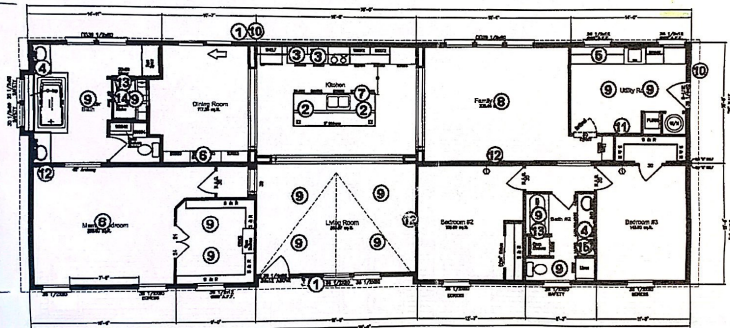
HD MILLERSBURG - CAMPBELL - 8/17/17



Palm Harbor Homes

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Plant Location:	20-Millersburg
Customer:	X
Drawn By:	X
Date:	3-10-15
Series:	400
Model Number:	HD30763C



176

HD MILLERSBURG - CAMPBELL - 8/17/17



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Plant Location: 20-Millersburg

Customer: X

Drawn By: X

Date: 3-10-15

Series: 400

Model Number: HD30763C

Page Number:

Designation:

ELEVATION

Rev. By: --

Revised: --

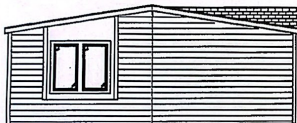
Approvals

P.E.

3rd Party:



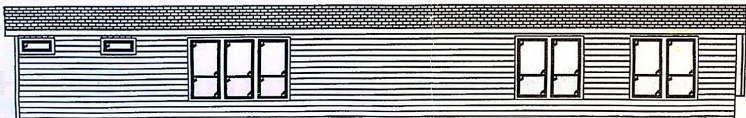
Front View



Left View



Right View



Rear View



1-877-728-6596



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Licensed Healthcare Provider's Statement

For an application for a Temporary Dwelling for Care Permit

PATIENT INFORMATION	
Patient's name: JULIE ANN POE #5174521	Patient's age: 60
Patient's address: 21331 S. JUBB RD ESTACADA ORE 97023	

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:

Stroke

Medical condition(s) generally described as:

Stroke

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): Larry Poe, Thomas Campbell

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

Healthcare provider's name: MARK WODENICK, MD	License number: MS 15949	Name of healthcare practice: Kaiser Permanente
Address of healthcare practice: 9700 SE Sunnyside Rd Clackamas, OR 97045		Phone: 503-813-2000
Healthcare provider's signature: <i>[Signature]</i>		Date: 7/2/22

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



7/19/2022

Julie A Poe
21331 S Jubb Rd
Estacada OR 97023

To whom it may concern,

Ms. Poe,

Is under my care and needs a hardship permit for Clackamas County. She has an arteriovenous malformation and stroke and is in a wheelchair, has much difficulty getting around. She is unable to drive, needs assistance with food preparatoin and bathing.

Sincerely,

<<Signed electronically - 7/19/2022 5:21 PM by Mark A. Wozniak, MD.>>

Mark A. Wozniak, MD

KAISER PERMANENTE NW
Mt Scott Medical Office
9800 S E Sunnyside Rd
Clackamas, Or 97015-9750
(800) 813-2000
Julie A Poe