



**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: 09/22/2022

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

File Number: Z0406-22

Application Type: Temporary Permit/Care

Proposal: The applicant is requesting a Temporary Dwelling for Care Permit to authorize the temporary placement of a recreational vehicle, in addition to the primary dwelling. The care recipient (Duwomaiish Gabrielle), who requires care due to medical conditions, would reside in the temporary dwelling. Their care provider, Linda Raab, along with the rest of the residential occupants, will reside in the primary dwelling.

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

Applicant: RAAB, LINDA

Property Owner: RAAB LINDA A

Site Address: 19219 S NEIL RD
ESTACADA, OR 97023

Location: 1746 feet south of intersection S. Matton Rd. & S. Sylvan Ave.

Assessor's Map and Tax Lot: 33E10BD00600 **Approximate Property Size:** 0.45

Zoning: RRFF5 - RURAL RESIDENTIAL FARM FOREST 5-ACRE

Staff Contact: Aldo Rodriguez 503-742-4541

E-mail: ARodriguez@clackamas.us

File Number: Z0406-22

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:	<input type="text" value="8/22/22"/>
FILE NUMBER:	<input type="text" value="Z0406-22-STC"/>
APPLICATION TYPE:	<input type="text" value="TEMPORARY DWELLING FOR CARE"/>

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

Z0406-22-STC

AUG 22 2022

Clackamas County
Staff Initials: Planning & Zoning Division

Land use application for:

TEMPORARY DWELLING FOR CARE

Application Fee: \$835

APPLICANT INFORMATION			
Applicant name: Linda Raab	Applicant email: lindaraab4051@gmail.com	Applicant phone: 5037539020	
Applicant mailing address: 19219 S Neil Rd	City: ESTACADA	State: OR	ZIP: 97023
Contact person name (if other than applicant):	Contact person email:	Contact person phone:	
Contact person mailing address:	City:	State:	ZIP: To allow a

PROPOSAL
Brief description of proposal: To allow a 70 year old woman to live on my property in her RV while I act as her caregiver.

SITE INFORMATION		
Site address: 19219 S Neil Rd Estacada OR 97023	Comprehensive Plan designation: <i>Rural</i>	Zoning district: RRFF5
Map and tax lot #: Township: <u>3S</u> Range: <u>3E</u> Section: <u>10</u> <i>BD</i> Tax Lot: <u>00600</u> Township: _____ Range: _____ Section: _____ Tax Lot: _____ Township: _____ Range: _____ Section: _____ Tax Lot: _____	Land area: <i>0.45 acres</i>	
Adjacent properties under same ownership: Township: _____ Range: _____ Section: _____ Tax Lot: _____ Township: _____ Range: _____ Section: _____ Tax Lot: _____		

Printed names of all property owners: Linda Raab	Signatures of all property owners: 	Date(s): <i>8/22/2022</i>
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: <i>8/22/2022</i>	

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): _____ Duwomaiish Gabrielle _____

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

Care provider name(s): _____ Linda Raab _____

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		
Linda Raab	61	Friend
Jeanette Thibert	58	Friend
M. Lee Burlson	62	Friend
TEMPORARY DWELLING		
Duwomaiish Gabrielle	71	Friend (SELF)
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.

The need for a temporary dwelling is necessary because:
A) Even though there is an accessory building on the premises that is currently being used as storage, it would not meet the permit process qualifications as a temporary dwelling.
B) As seen in the submitted blueprints, there is no available space in the existing primary residence that would provide adequate privacy. It is an open floor plan, only one bedroom exists, and the den is already in use for another purpose in which moving is not a viable option.
C) With due respect to Ms. Gabrielle and HIPAA, her situation is such that privacy is critical for her continued mental health. As her caregiver, I know that her situation is fragile and her being able to stay in her RV is of great comfort to her both emotionally and physically. Here on my property, she is surrounded by friends and kind neighbors. She has no other home or family. For all intents and purposes, this is the best and only option for her.

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



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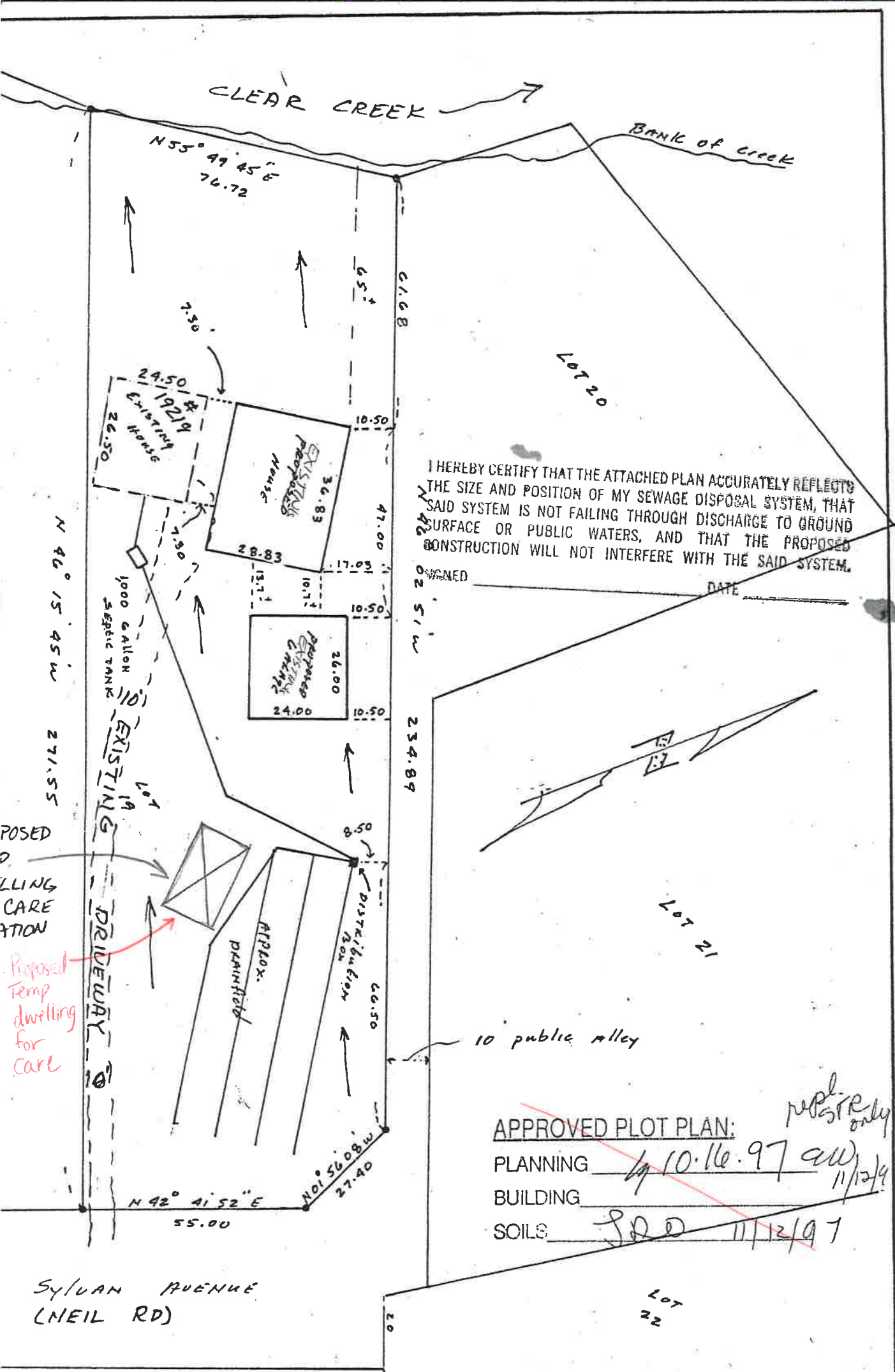
Licensed Healthcare Provider's Statement

For an application for a Temporary Dwelling for Care Permit

PATIENT INFORMATION	
Patient's name: <u>Duwomaiish GABRIELE</u>	Patient's age: <u>69</u>
Patient's address: <u>19219 S. NETL RD ESTACADA OR 97023</u>	

This section must be fully completed <u>only</u> by the signed licensed healthcare provider.			
<p>1. The patient suffers from at least one of the following:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Age-related condition(s) generally described as:</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> Medical condition(s) generally described as:</p> <p><u>Bilateral knee osteoarthritis</u></p> <p><u>Alcohol abuse</u></p> <p>_____</p> <p>_____</p> </div> </div>			
<p>2. The condition(s) require assistance with the following daily activities (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Bathing/grooming <input type="checkbox"/> Dressing <input checked="" type="checkbox"/> Eating <input checked="" type="checkbox"/> Property maintenance or improvement <input type="checkbox"/> Ambulation/transferring <input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Supervision due to cognitive impairment </td> <td style="width: 50%; vertical-align: top;"> <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 type="checkbox"/> Toileting <input checked="" type="checkbox"/> Medication management <input type="checkbox"/> Other daily activity: _____ </td> </tr> </table>		<input type="checkbox"/> Bathing/grooming <input type="checkbox"/> Dressing <input checked="" type="checkbox"/> Eating <input checked="" type="checkbox"/> Property maintenance or improvement <input 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 type="checkbox"/> Toileting <input checked="" type="checkbox"/> Medication management <input type="checkbox"/> Other daily activity: _____
<input type="checkbox"/> Bathing/grooming <input type="checkbox"/> Dressing <input checked="" type="checkbox"/> Eating <input checked="" type="checkbox"/> Property maintenance or improvement <input 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 type="checkbox"/> Toileting <input checked="" type="checkbox"/> Medication management <input type="checkbox"/> Other daily activity: _____		
<p>3. Assistance with these activities will be provided by the following people:</p> <p>Name(s): <u>LINDA RAAB</u></p>			
<p><i>I, the undersigned, do certify that I have completed this form and that the above information is true. I have marked <u>1</u> boxes in Question 1 and <u>8</u> boxes in Question 2.</i></p>			
Healthcare provider's name: <u>Bryan Wilson, MD</u>	License number: <u>MO202850</u>	Name of healthcare practice: <u>KPNW</u>	
Address of healthcare practice: <u>9800 SE Sunnyside Rd., Clackamas, OR, 97015</u>		Phone: <u>503-813-2000</u>	
Healthcare provider's signature: 		Date: <u>7/25/2022</u>	

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



I HEREBY CERTIFY THAT THE ATTACHED PLAN ACCURATELY REFLECTS THE SIZE AND POSITION OF MY SEWAGE DISPOSAL SYSTEM, THAT SAID SYSTEM IS NOT FAILING THROUGH DISCHARGE TO GROUND SURFACE OR PUBLIC WATERS, AND THAT THE PROPOSED CONSTRUCTION WILL NOT INTERFERE WITH THE SAID SYSTEM.

OWNED _____ DATE _____

~~APPROVED PLOT PLAN:~~
 PLANNING 10.16.97 aw
 BUILDING _____
 SOILS JRD 11/12/97

res. only

SYLVAN AVENUE
(NEIL RD)

REGISTERED PROFESSIONAL LAND SURVEYOR
 RICHARD S. LOVE
 747
 97-2308

LOCATION: LOT 19, CEDARHURST NO. 2
 TAX LOT 600, MAP 3 3E 10 BD

SCALE: 1" = 30'
 DATE: 10/16/97

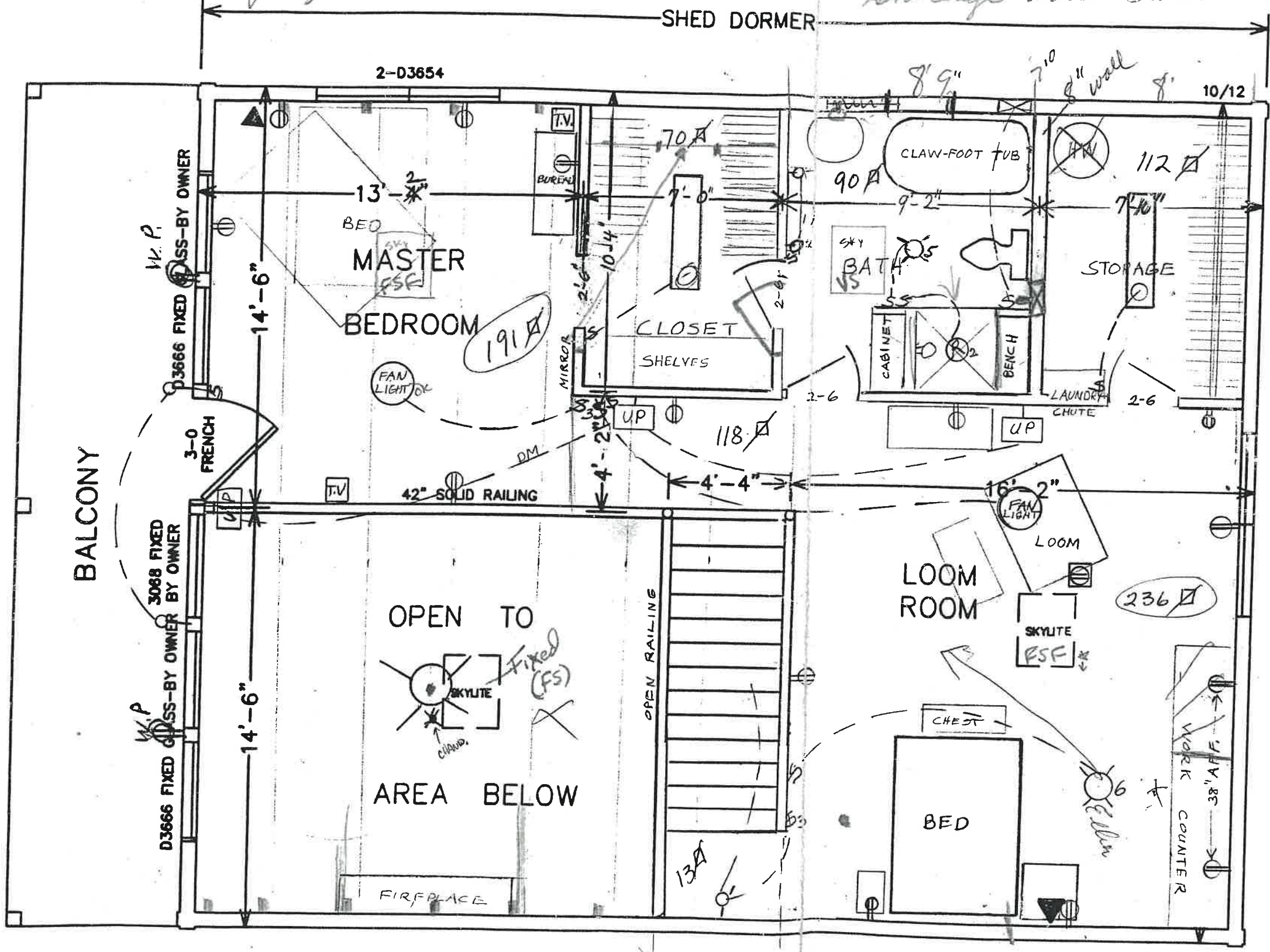
CLIENT: ELENOR RAAB
 6423 S.W. RAAB RD.
 PORT. DR. 97221
 PH: 292-3624

DICK LOVE LAND SURVEYS, INC.
 19310 Abernethy Lane
 Gladstone, OR 97027-1915
 Phone: (503) 656-4915

LEGEND:
 • Found monument as shown
 • Set 1/4" Iron rod with cap marked "LOVE 747"
 (M) Measured distance
 (C) Calculated data
 (D) Deed data
 (R) Record data
 (P) Plat data
 (Held) Monument of record used for control
 () _____

5/32

put fans on reostat & dimmers
storage above closet & lite waste



SYMBOL LEGEND

	Recessed Incandescent
	Wall-Mount Fixture
	Ceiling-Mount Fixture
	Pendant Fixture
	Enclosed Fluorescent
	Recessed Fan
	Fan/Light- Ceiling Mount
	Duplex Receptacle
	220V Special Purpose
	Floor Receptacle
G.F.I.	Ground-Fault Interceptor
S	Single-pole Switch
S ₃	Three-way switch
DM	Dimmer Switch
	Telephone Jack
	Television Outlet
	Door Bell Push Button
	Door Bell Chimes
	Speaker- Sound System
	Plug-in Strip for Appl.

Main House Floor Plan (2)

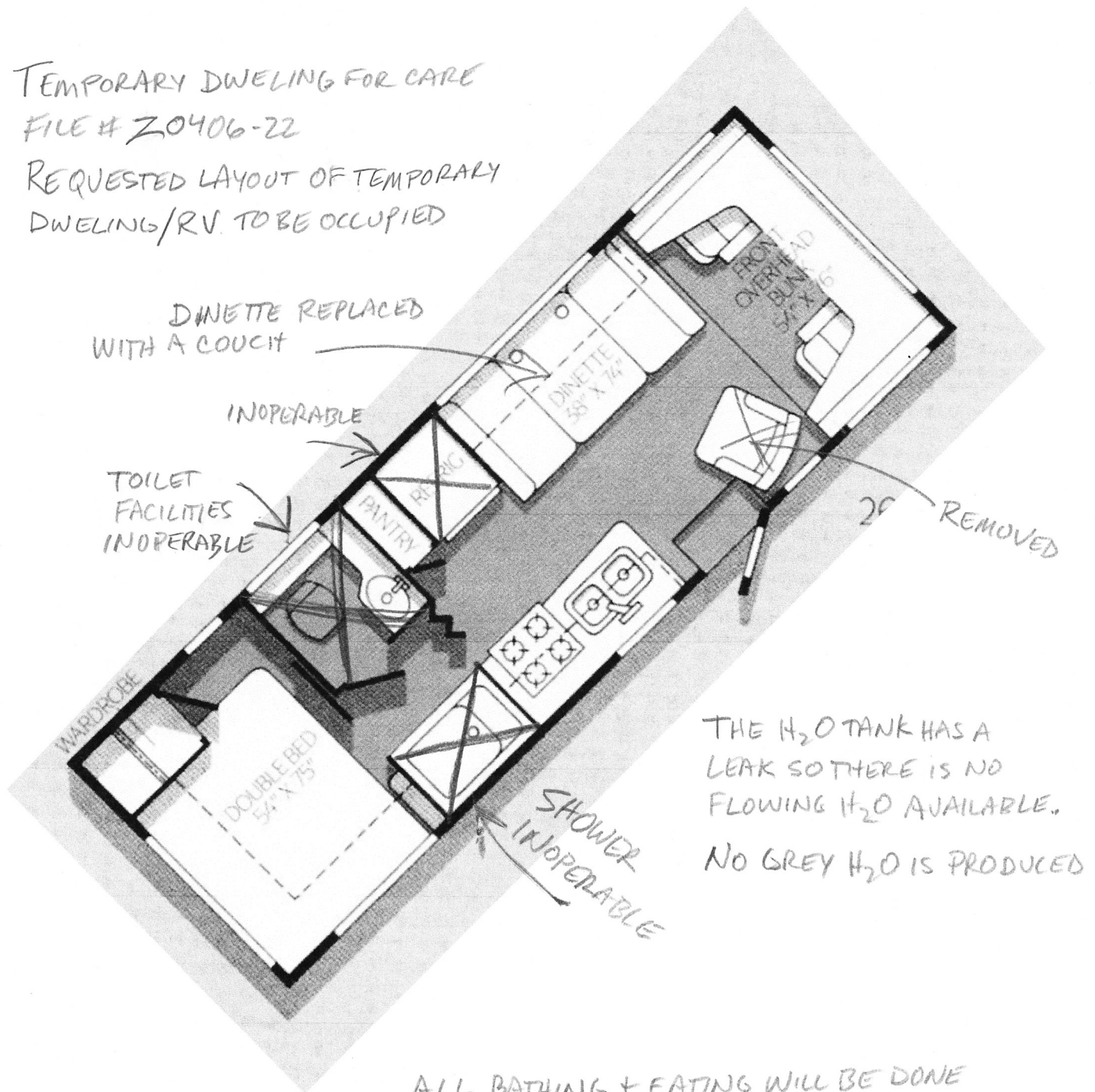
SECOND FLOOR PLAN

SCALE 1/4" = 1'

* estimated bottom elevation of skylight ± 5'

830
2ND

TEMPORARY DWELING FOR CARE
 FILE # Z0406-22
 REQUESTED LAYOUT OF TEMPORARY
 DWELING/RV. TO BE OCCUPIED



ALL BATHING + EATING WILL BE DONE IN THE MAIN RESIDENCE ON THE PROPERTY THE RV WILL BE USED FOR SLEEPING + RELAXING, SPACE FOR ME TO ADMINISTER SOME CARE IN PRIVATE.

THERE IS PROPANE AVAILABLE ONCE I FIX IT. ELECTRICITY PROVIDES THE ONLY SOURCE OF ENERGY & THAT COMES FROM THE PRIMARY DWELING.