



Oregon

Theodore R. Kubongoski, Governor

Department of Land Conservation and Development

635 Capitol Street, Suite 150

Salem, OR 97301-2540

(503) 373-0050

Fax (503) 378-5518

www.lcd.state.or.us



NOTICE OF ADOPTED AMENDMENT

05/14/2013

TO: Subscribers to Notice of Adopted Plan  
or Land Use Regulation Amendments

FROM: Plan Amendment Program Specialist

SUBJECT: City of Sodaville Plan Amendment  
DLCD File Number 003-01

The Department of Land Conservation and Development (DLCD) received the attached notice of adoption. A Copy of the adopted plan amendment is available for review at the DLCD office in Salem and the local government office.

Appeal Procedures\*

DLCD ACKNOWLEDGMENT or DEADLINE TO APPEAL: Thursday, May 30, 2013

This amendment was submitted to DLCD for review prior to adoption with less than the required 35-day notice. Pursuant to ORS 197.830(2)(b) only persons who participated in the local government proceedings leading to adoption of the amendment are eligible to appeal this decision to the Land Use Board of Appeals (LUBA).

If you wish to appeal, you must file a notice of intent to appeal with the Land Use Board of Appeals (LUBA) no later than 21 days from the date the decision was mailed to you by the local government. If you have questions, check with the local government to determine the appeal deadline. Copies of the notice of intent to appeal must be served upon the local government and others who received written notice of the final decision from the local government. The notice of intent to appeal must be served and filed in the form and manner prescribed by LUBA, (OAR Chapter 661, Division 10). Please call LUBA at 503-373-1265, if you have questions about appeal procedures.

\*NOTE: The Acknowledgment or Appeal Deadline is based upon the date the decision was mailed by local government. A decision may have been mailed to you on a different date than it was mailed to DLCD. As a result, your appeal deadline may be earlier than the above date specified. NO LUBA Notification to the jurisdiction of an appeal by the deadline, this Plan Amendment is acknowledged.

Cc: Marvin Gloege/ M. Kirkman, City of Sodaville  
Gordon Howard, DLCD Urban Planning Specialist

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FORM **2**

**DLCD**

# Notice of Adoption

This Form 2 must be mailed to DLCD within 5-Working Days after the Final Ordinance is signed by the public Official Designated by the jurisdiction and all other requirements of ORS 197.615 and OAR 660-018-000



Jurisdiction: **Sodaville**

Local file number:

Date of Adoption: **10/23/2001**

Date Mailed: **5/9/2013**

Was a Notice of Proposed Amendment (Form 1) mailed to DLCD?  Yes  No Date: 10/2/2001

Comprehensive Plan Text Amendment

Comprehensive Plan Map Amendment

Land Use Regulation Amendment

Zoning Map Amendment

New Land Use Regulation

Other:

Summarize the adopted amendment. Do not use technical terms. Do not write "See Attached".  
Zoning ordinance text to permit medical hardship dwellings as an accessory to the residential use of property.

Does the Adoption differ from proposal? Please select one

No

Plan Map Changed from: **NA**

to:

Zone Map Changed from: **NA**

to:

Location: **NA**

Acres Involved:

Specify Density: Previous: **NA**

New: **NA**

Applicable statewide planning goals:

**1**  **2**  **3**  **4**  **5**  **6**  **7**  **8**  **9**  **10**  **11**  **12**  **13**  **14**  **15**  **16**  **17**  **18**  **19**

Was an Exception Adopted?  YES  NO

Did DLCD receive a Notice of Proposed Amendment...

35-days prior to first evidentiary hearing?

Yes  No

If no, do the statewide planning goals apply?

Yes  No

If no, did Emergency Circumstances require immediate adoption?

Yes  No

**DLCD file No.** 003-01 (11740) [17447]

Please list all affected State or Federal Agencies, Local Governments or Special Districts:

DLCD

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Local Contact: **Judy Smith**

Phone: **(541) 258-8882** Extension:

Address: **30723 Sodaville Rd**

Fax Number: - -

City: **Lebanon, OR**

Zip: **97355-**

E-mail Address: **sodaville@centurytel.net**

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## **ADOPTION SUBMITTAL REQUIREMENTS**

**This Form 2 must be received by DLCD no later than 5 working days after the ordinance has been signed by the public official designated by the jurisdiction to sign the approved ordinance(s)**

per ORS 197.615 and OAR Chapter 660, Division 18

1. This Form 2 must be submitted by local jurisdictions only (not by applicant).
2. When submitting the adopted amendment, please print a completed copy of Form 2 on light green paper if available.
3. Send this Form 2 and one complete paper copy (documents and maps) of the adopted amendment to the address below.
4. Submittal of this Notice of Adoption must include the final signed ordinance(s), all supporting finding(s), exhibit(s) and any other supplementary information (ORS 197.615).
5. Deadline to appeals to LUBA is calculated **twenty-one (21) days** from the receipt (postmark date) by DLCD of the adoption (ORS 197.830 to 197.845).
6. In addition to sending the Form 2 - Notice of Adoption to DLCD, please also remember to notify persons who participated in the local hearing and requested notice of the final decision. (ORS 197.615).
7. Submit **one complete paper copy** via United States Postal Service, Common Carrier or Hand Carried to the DLCD Salem Office and stamped with the incoming date stamp.
8. Please mail the adopted amendment packet to:

**ATTENTION: PLAN AMENDMENT SPECIALIST  
DEPARTMENT OF LAND CONSERVATION AND DEVELOPMENT  
635 CAPITOL STREET NE, SUITE 150  
SALEM, OREGON 97301-2540**

9. **Need More Copies?** Please print forms on 8½ -1/2x11 green paper only if available. If you have any questions or would like assistance, please contact your DLCD regional representative or contact the DLCD Salem Office at (503) 373-0050 x238 or e-mail plan.amendments@state.or.us.

**ORDINANCE NO. 01-04**

**AN ORDINANCE AMENDING  
CITY OF SODAVILLE ZONING ORDINANCE NO. 43  
TO PERMIT MEDICAL HARDSHIP DWELLINGS  
ACCESSORY TO THE RESIDENTIAL USE OF PROPERTY**

**WHEREAS**, the City of Sodaville has received requests from citizens in the City to place manufactured homes on their property for caretaker residences in order to provide continuing assistance to elderly or infirm persons living on the property; and

**WHEREAS**, the need for such on-site available care and assistance is considered to be temporary, meaning not lasting periods of many years; and

**WHEREAS**, a second dwelling on a property needs to be hooked to the existing on-site sewage disposal system; and

**WHEREAS**, a second dwelling on a property has the potential of creating compatibility problems with neighbors; and

**WHEREAS**, there is a need to assure that there is a medical hardship due to infirmity or age, and that the second dwelling is compatible with the surrounding area; and

**WHEREAS**, there is a need to annually review the hardship to be certain that the individual requiring care continues to have the need for a caretaker on-site; and

**WHEREAS**, the Sodaville City Council has reviewed a proposal to permit a hardship dwelling accessory to a residential use of property and has determined that it is necessary to amend the Sodaville Zoning Ordinance in order to accomplish this; and

**WHEREAS**, the Sodaville City Council held a public hearing to amend the Sodaville Zoning Ordinance on October 23, 2001, such hearing being convened after providing legal newspaper notice as well as required notice to the State of Oregon Land Conservation and Development Commission (LCDC); and

**WHEREAS**, the Zoning Ordinance Amendment pertaining to Medical Hardship Dwellings was approved by the Sodaville City Council at the close of the public hearing and City staff was directed to prepare the appropriate Zoning Ordinance amendment for final adoption;

**THE CITY OF SODAVILLE ORDAINS AS FOLLOWS:**

1. Ordinance No. 01-04 is hereby adopted as an amendment to The Sodaville Zoning Ordinance No. 43.
2. Ordinance No. 01-04 adds Section 4.035 to the Sodaville Zoning Ordinance and reads as follows:

**Section 4.035. Medical Hardship Dwelling as Accessory Use.** A Medical Hardship Dwelling may be permitted as an accessory use to the residential use of property when it is in compliance with the following procedures and standards.

- 1) **Application.** An application for a Medical Hardship Dwelling shall be submitted to the City Council in accordance with the provisions of Section 8.043. A filing fee in accordance with the provisions of Section 8.044 shall be submitted with the application.
- 2) **Review and Action on a Medical Hardship Dwelling Application.**
  - a) Before the City Council may act on an application for a Medical Hardship Dwelling, it shall consider the application at a public meeting. Notice of the public meeting shall be mailed at least 10 days prior to the meeting to all owners of property located within 100 feet of the exterior boundaries of the property where the Medical Hardship Dwelling is proposed to be located. Mailed notice shall be consistent with Section 8.045.
  - b) After all written and oral testimony has been taken, the City Council shall approve, deny, or approve with conditions or modifications, the application, based upon consideration of the general provisions in Sub-section 3 of this Section.
- 3) **General Requirements for Medical Hardship Dwellings.**
  - a) The Medical Hardship Dwelling shall be the second dwelling on a lot with an existing single-family dwelling.
  - b) The Medical Hardship Dwelling shall be temporary.
  - c) The Medical Hardship Dwelling shall be occupied by either (1) the person(s) who is dependent on the party living in the principal dwelling on the property, or (2) the person who is the caretaker for the person(s) with the medical hardship. In the event the principal dwelling is occupied by the person(s) with the medical hardship, the caretaker(s) shall occupy the temporary dwelling.

- d) The person with the medical hardship must be either partially or fully dependent on the caretaker. This dependency must be shown at the time of application and shall be continuing circumstance as long as the temporary dwelling remains on the property. No alternative method of relieving the hardship shall be readily available.
- e) The person or persons with the medical hardship must meet one of the two following circumstances: (1) A licensed Oregon physician has provided a written statement that a medical hardship exists and the afflicted person requires daily supervision or care; or (2) the person(s) to be cared for has provided documentation of being 65 years of age or older.
- f) If the caretaker is not a relative of the person(s) with the medical hardship, proof must be shown that the caretaker is authorized to provide daily supervision or care to the person(s) with the hardship.
- g) The medical hardship dwelling may be a manufactured home, a mobile home, or a recreational vehicle, as long as there is at least 100 square feet of floor area per occupant in the dwelling. The hardship dwelling shall be both safe and habitable.
- h) An additional plumbing hookup to the existing sewage disposal system on the property shall be required. The hookup shall comply with the Oregon State Plumbing Code.
- i) The Medical Hardship Dwelling shall be removed within 90 days from the date the hardship no longer exists. The person(s) providing care for the person(s) with the hardship shall agree in writing to remove the hardship dwelling from the property within 90 days from the date the hardship no longer exists.
- j) The Medical Hardship Dwelling shall be placed on the property so that it shall comply with all applicable zoning ordinance provisions, or the appropriate variances shall have been obtained.
- k) The placement of the Medical Hardship Dwelling on the property shall be generally compatible with existing development on nearby properties.

- 4) Annual review. Each hardship dwelling shall be reviewed once a year by the City Council. A filing fee in accordance with the provisions of Section 8.044 shall be submitted to the city part of the annual review. At the time of review, each permit holder shall verify, in writing, that the hardship situation has not changed substantially. If the permit is not in compliance it may be revoked by the City Council, after consideration of the circumstances involved at a public meeting.

Ayes: 5

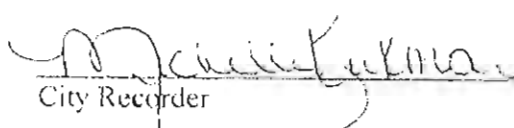
Nays: 0

Passed by the Council this 23 day of Oct in the year 2001.

Approved by the Mayor this 23 day of Oct in the year 2001.

  
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Mayor

ATTEST:

  
\_\_\_\_\_  
City Recorder