



UNION COUNTY Planning Department

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Planning Director

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TEMPORARY MEDICAL HARDSHIP (TMH) DWELLING – LAND USE APPLICATION

Please complete & return this form with ATTACHMENTS

Property Owner Name(s)	
Map & Tax Lot & Account ID	
Property Address	
Phone Number	
Email Address	
Mailing Address or N/A	

MEDICAL HARDSHIP INFORMATION

Name of the person needing care	
Who else will be residing with the person needing care	
Name of caregiver	
Relationship of the caregiver to the person needing the care.	

Caregiver will: _____ How many other people will reside with the Caregiver _____

- ☐ reside in the temporary dwelling
☐ reside in the permanent dwelling

TEMPORARY DWELLING INFORMATION. The temporary dwelling will be a:

- ☐ Manufactured Home. (Initial acknowledgements below)

_____ I acknowledge that the home will be ☐ Removed or ☐ Demolished when the TMH ends

_____ I acknowledge the home must utilize same sewage disposal system as permanent residence

- ☐ An existing accessory structure made into a residential use. After TMH ends, this structure will be:

☐ Removed ☐ Demolished ☐ Returned to nonresidential use

- ☐ Recreational Vehicle (Initial acknowledgement below)

_____ I acknowledge that the RV will be ☐ Removed or ☐ Demolished when the TMH ends

I hereby certify that I am the legal owner of the subject property; and, that the information and justification submitted are in all respects true and accurate to the best of my knowledge and belief.

Landowner

Landowner

Name

Name

Signature

Date

Signature

Date

I hereby certify that I am the caregiver and that the information and justification submitted are in all respects true and accurate to the best of my knowledge and belief.

Caregiver

Name

Signature

Date

ATTACH

- 1) Vicinity map marked Exhibit A
- 2) Detailed site plan marked Exhibit B, see Site Plan Example available on Planning Department webpage
- 3) Any statements of explanatory information to support your request
- 4) Primary Care Provider Certification

For Planning Department Purposes Only

Date of Submittal _____

Date Considered Complete _____

Application Number _____

Payment Receipt Number _____

For Your Information

This use requires a public hearing in front of the Planning Commission. The hardship needs to be for either:

- A resident of the property who needs care and the care giver must be a relative of the resident, or
- A relative of a resident of the property. The resident needs to be the care giver.

You can convert an existing structure on your property into a dwelling, or use a Recreational Vehicle or Manufactured Home.

This use is **temporary**. Once approved, it is viable for the term of the hardship but when it is no longer needed, the dwelling needs to be removed or converted to an allowable use.

The temporary dwelling needs to use the same sewage disposal system used by the existing dwelling.

If approved, it needs to be re-authorized (by the Planning Department) every two years. You will need to certify that the person with the medical hardship is still living and still requires care.

If the person with the medical hardship no longer requires care before the two years, you will need to provide the Planning Department with notice that the use is no longer required and remove the medical hardship dwelling.

Items to include with the application

- Medical certification from a licensed medical practitioner.
- Site plan showing all existing structures on the property along with the location of the temporary dwelling.
- Identify the name of the person with the medical hardship and who the caretaker will be, and the relationship between them. Identify who else will be living with the person with the medical hardship.

Identify who will be living in what structure. Usually, the person with the medical hardship lives in the temporary dwelling but sometimes the caretakers utilize that structure instead. There is no rule requiring who lives where