



CONDITIONAL USE APPLICATION

**Applications will no longer be accepted by email or mail.
All applications must be submitted in person.**

Marion County Planning Division
5155 Silverton Rd. NE
Salem OR 97305
Phone: (503) 588-5038 – Email: Planning@co.marion.or.us
<https://www.co.marion.or.us/PW/Planning>

PROCEDURE:

- A. Once a complete application is received, the Planning Division will request comments from other County departments, other affected government agencies, and special districts.
- B. Planning staff will review the application for compliance with the County Comprehensive Plan, County Zoning Code, Statewide Planning Goals, and other applicable ordinances and regulations. The Planning Division will approve or conditionally approve the application if it clearly complies with all land use laws and regulations.
- C. Notice of the decision is sent to the applicant and property owners within the notification area. Please note there is a 15-day appeal period. The appeal process is explained in the Notice of Decision. If approved, the conditions of approval will be listed in the notice. Other findings of facts and conclusions will be included in the notice.

APPLICATION REQUIREMENTS:

Do not double-side or spiral bind any documents being submitted as our office will be scanning this information.

Incomplete applications will not be accepted. A complete application consists of the following that must be submitted:

- A. The attached application form completed in ink or printed.
- B. Copy of the most recent officially recorded title transfer instrument (deed, warranty deed, or contract) that shows the legal description for the subject parcel(s). Available at the Clerk's Office, 2nd floor, 555 Court St. NE, Salem.
- C. Site Plan (see attached example). The site plan should be on a separate **8½ x 11 inch sheet of paper**, drawn or printed in ink, and show the location of the proposed use and its distance from other structures, property lines, roads and other features.
- D. A written statement which explains your reasons for the proposal and how your request conforms to Marion County land use policies and regulations. A copy of the pertinent regulations is available from the Planning Division.
- E. Filing fee: checks payable to Marion County, or payment by card.

Please note: Land development fees are charged by various offices within Marion County Public Works. Most development requests are reviewed by a number of these offices and there may be several fees you will incur during the development process.

If all the required information is not submitted with the application form, it will not be accepted. If the application is withdrawn after a file has been set up or fee deposited, the entire fee cannot be refunded. Partial refunds are at the discretion of the Planning Director based on the amount of staff work undertaken.

It is unlawful to disturb an archaeological site. In the event of unintentional discovery of an archeological site please stop work, protect the discovery site and contact the Oregon State Historic Preservation Office PH: 503-986-0690; Confederated Tribes of Grand Ronde PH: 503-879-5211; Confederated Tribes of Siletz Indians PH: 541-444-2532; Confederated Tribes of Warm Springs Reservation of Oregon PH: 541-553-3257. If human remains are encountered, do not disturb them in any way, instead please contact the Oregon State Police PH: 800-442-0776.



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Fee: Please check the appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Conditional Use - \$1450
<input type="checkbox"/> Conditional Use Hardship - \$450
<input type="checkbox"/> Conditional Use Hardship Change of Occupant - \$120
<input type="checkbox"/> Non-Farm Dwelling \$1930
<input type="checkbox"/> UT Zone Replacement Dwelling - \$450
<input type="checkbox"/> Conditional Use Home Occupation - \$770 | <input type="checkbox"/> Aggregate Site (non Goal 5) - \$3000+\$80/acre
<input type="checkbox"/> Amend Conditions/Permit - \$600
<input type="checkbox"/> Agri-Tourism Single Event - \$375
<input type="checkbox"/> Agri-Tourism Max 6 Events - \$640
<input type="checkbox"/> Agri-Tourism Max. 18 Events/Longer Duration-\$640 |
|--|---|

APPLICANT(S):	ADDRESS, CITY, STATE, AND ZIP:
APPLICANT(S) (if more than one):	ADDRESS, CITY, STATE, AND ZIP
APPLICANT REPRESENTATIVE:	ADDRESS, CITY, STATE, ZIP
DAYTIME PHONE (if staff has questions about this application):	E-MAIL (if any):
ADDRESS OF SUBJECT PROPERTY:	SIZE OF SUBJECT PROPERTY:

THE PROPERTY OWNERS OF THE SUBJECT PROPERTY REQUEST TO (summarize here; provide detailed information on the attached "Applicant Statement" page):

FOR OFFICE USE ONLY:

Township	Range	Section	Application elements submitted:
Tax lot number(s)			<input type="checkbox"/> Title transfer instrument
Zone:			<input type="checkbox"/> Site plan
Zone map number:			<input type="checkbox"/> Applicant statement
Case Number:			<input type="checkbox"/> GeoHazard Peer Review (if applicable)
<input type="checkbox"/> Urban <input type="checkbox"/> Rural			<input type="checkbox"/> Physician's Certificate (if applicable)
			<input type="checkbox"/> Home Occ Supplemental (if applicable)
			<input type="checkbox"/> Agri-Tourism Supplemental (if applicable)
			<input type="checkbox"/> Filing fee
			Application accepted by: _____ Set up by: _____
Date determined complete:			Date: _____

IF THIS IS FOR A CONDITIONAL USE HARDSHIP:

WILL THE TEMPORARY DWELLING BE () MANUFACTURED HOME OR () RV? Check one.

IF USING AN RV, DO YOU INTEND TO:

() CONNECT TO THE EXISTING SEPTIC SYSTEM OR () USE THE RV HOLDING TANK? Check one.

NAME OF PERSON(S) WITH MEDICAL HARDSHIP:

HE/SHE/THEY WILL RESIDE IN: () PRIMARY DWELLING OR () TEMPORARY DWELLING

NAME OF CAREGIVER:

HE/SHE WILL RESIDE IN: () PRIMARY DWELLING OR () TEMPORARY DWELLING

RELATIONSHIP OF CAREGIVER TO PERSON(S) WITH MEDICAL HARDSHIP:

WHAT TYPE OF ASSISTANCE WILL CAREGIVER PROVIDE:

IF THERE ARE OTHER ADULTS THAT RESIDE OR WILL RESIDE IN THE DWELLING WITH THE PERSON(S) NEEDING CARE, PLEASE EXPLAIN WHY HE/SHE CANNOT BE THE CAREGIVER:

THE APPLICANT(S) SHALL CERTIFY THAT:

- A. If the application is granted the applicant(s) will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.
- B. I/We hereby declare under penalties of false swearing (ORS 162.075 and 162.085) that all the above information and statements and the statements in the plot plan, attachments and exhibits transmitted herewith are true; and the applicants so acknowledge that any permit issued on the basis of this application may be revoked if it is found that any such statements are false.
- C. I/We hereby grant permission for and consent to Marion County, its officers, agents, and employees coming upon the above-described property to gather information and inspect the property whenever it is reasonably necessary for the purpose of processing this application.
- D. The applicants have read the entire contents of the application, including the policies and criteria, and understand the requirements for approving or denying the application.

PRINTED NAME AND SIGNATURE of each APPLICANT of the subject property.

Print Name Signature

Print Name Signature

Print Name Signature

Print Name Signature

DATED this _____ day of _____, 20_____

Applicant Statement (required)

It is up to the applicant to fully explain your proposal and how it conforms to Marion County land use regulations. This is **your** opportunity to provide detailed information on the “who, what, where, when and why” that is specific to your proposal.

There are specific criteria and regulations for each zone; these are available from the Planning Division. We strongly encourage you to obtain a copy of this information, review it, and then prepare your “applicant’s statement”.

These are a few items you should consider including (where applicable):

- Describe the property as it exists now and after implementation of the proposal: topography, existing structures and their use, new or alteration of structures, etc.
- Describe surrounding properties: type of land use, scale of development, etc. and any impact your proposed use might have on these properties such as dust, noise, fumes or odors, traffic, etc. And, if so, what measures will you take to mitigate these impacts?



INSTRUCTIONS FOR PREPARATION OF A SITE PLAN

Site plan must be **current**, drawn to scale, and **show all property lines**. If unable to draw to scale, property lines must still be shown noting actual dimensions or total acreage.

Failure to include all of the items listed below may delay the review necessary to obtain a permit

ITEMS THAT MUST BE SHOWN ON YOUR SITE PLAN:

- 1. **NORTH ARROW.**
- 2. **SCALE OF DRAWING.**
- 3. **STREET NAME** accessing the parcel.
- 4. **ALL PROPERTY LINES AND DIMENSIONS** – existing and proposed.
- 5. **DRIVEWAYS, ROADS, INTERNAL ROADS, PARKING AND CIRCULATION AREAS** – existing and proposed and label as *“Paved”* or *“Gravel.”* Show driveway to public right-of-way.
- 6. **EXISTING AND PROPOSED STRUCTURES** - label as *“Proposed”* and *“Existing”*. Include dimensions and distance to all property lines and other structures.
- 7. **UTILITY LINES AND EASEMENTS.**
- 8. **GEOGRAPHIC FEATURES** – ground slope and direction of slope, escarpments, streams, ponds, or other drainage ways.
- 9. **WELLS** – existing and proposed on this parcel and adjacent parcels within 100 feet.
- 10. **FENCES, RETAINING WALLS** – location of existing and/or proposed.
- 11. **PARTITIONING** (if applicable) – proposed new property line shown by dashed lines, with parcels labeled as *“Parcel 1”*, *“Parcel 2”*, etc.
- 12. **SEPTIC SYSTEM and REPLACEMENT AREA** – existing and proposed. Show existing septic tank, drain field lines and distance from structure(s).
- 13. **STORM WATER SYSTEMS OR DETENTION BASINS** – show existing and proposed.
- 14. **CUTS/FILLS** – show existing and proposed.
- 15. **ELEVATIONS** – at lot corners or construction area and at corners of building site.
- 16. **FLOODPLAIN** – if applicable, show the boundary of the 100 year floodplain.

If sanitary sewer service is not available, a septic system must be installed. Include the following additional items on the site plan:

- 17. **TEST HOLES** – show distances between holes and property lines. One test hole should be located in the center of the initial system installation site, the other in the center of the replacement area. Accuracy of location is very important.
- 18. **PROPOSED SEPTIC SYSTEM AND REPLACEMENT SYSTEM** – show septic tank and distance from structure; show disposal trenches and length, width, and distance between trenches.

Commercial development must also include the following:

- 19. **FIRE DEPARTMENT ACCESS**
- 20. **FIRE HYDRANTS** – locations
- 21. **HANDICAP ACCESS**
- 22. **LANDSCAPING** – existing and proposed landscaping areas.
- 23. **PARKING** – lot configuration, number of parking spaces, and off-street loading area.

Additional information such as patio slabs, walkways, roof overhangs, etc. may be required for the issuance of your permit.

YOU MAY USE THE REVERSE SIDE OF THIS FORM TO DRAW YOUR SITE PLAN

Applicants(s) Name: _____ Phone: _____

Site Address: _____ City: _____ Zip _____

Subdivision: _____ Lot: _____ Block: _____

Manufactured Home Park: _____ Space: _____

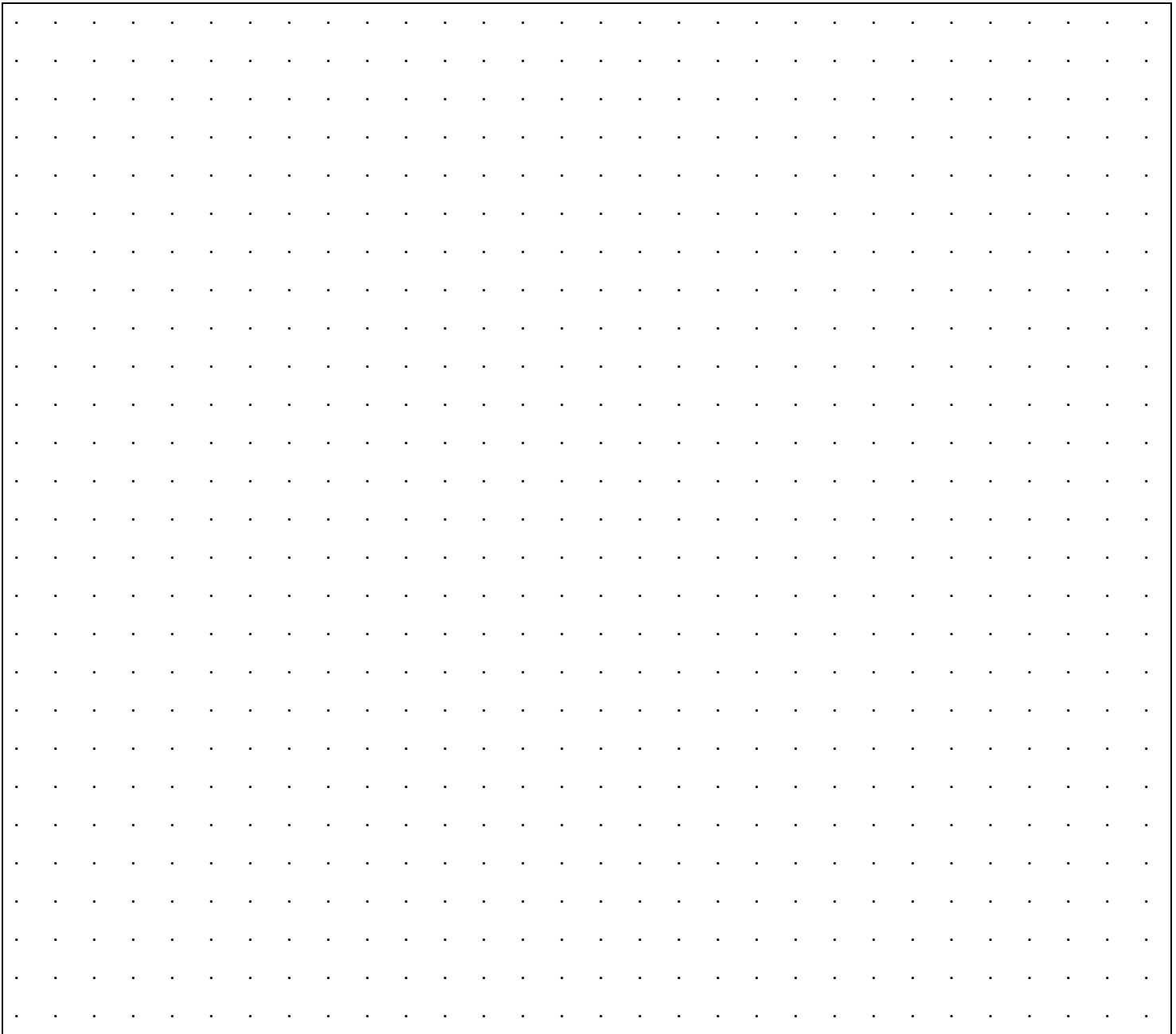
Assessor Map # (T-R-Sec-TL(s)): _____ Total # Acres _____

Zoning Designation: _____ Planning Map _____

Permit Specialist Review: _____ Date: _____

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

Drawn to Scale: 1 square = _____ Feet Not Drawn to Scale: Total Acres _____



I certify that the above information is accurate to the best of my knowledge. I AM THE [] Owner or [] Authorized Agent

NAME (please print): _____ Telephone# _____

Applicant's Signature: _____ Date: _____

Applicant's Mailing Address: _____ City: _____ Zip: _____

FOR OFFICE USE ONLY

PLANNING: _____ Date: _____

PUBLIC WORKS: _____ Date: _____

BUILDING INSPECTION (Acceptable for Planning requirements only) _____ Date: _____

SAMPLE RESIDENTIAL SITE PLAN

SCALE: 1"=50'

