



Planning Division

5155 Silverton Rd. NE; Salem OR 97305

Ph. (503) 588-5038 Email: Planning@co.marion.or.us

<http://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, affected agencies and special districts. If the application requires a hearing, one will be scheduled before a Marion County Hearings Officer in approximately 4-6 weeks. The applicant will be notified by letter of the date for the public hearing. For more information on the public hearing process, contact Planning staff.
- B. Planning staff will review the application for compliance with the Comprehensive Plan, Zone Code, statewide planning goals, and other applicable regulations. The Planning Division will approve or conditionally approve the application if it clearly complies with all land use laws and regulations. If the application requires a public hearing, staff will prepare a staff report and a copy is mailed to the applicant at least 7 days prior to the hearing.
- C. In approximately 30-45 days 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 and conditions, if approved, are explained in the Notice of Decision. If a public hearing is required notice of the hearing will be mailed to the applicant and property owners within the notification area not less than 21 days prior to the scheduled hearing.

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:

- A. The attached application form filled out in ink.
- B. Copy of the officially recorded title transfer instrument (deed, warranty deed, or contract) that shows the legal description for the parent parcel. Available at the Clerk's Office, 2nd floor, 555 Court St. NE, Salem.
- C. Site Plan (see attached example) on a separate **8½ x 11 sheet of paper**, drawn in ink, and showing the location of the proposed use and its distance from other structures, property lines, roads, etc. The site plan must be reviewed and initialed as accepted by a Plans Examiner from Marion County Building Inspection.
- D. A written statement explaining your request and how it conforms to Marion County land use policies and regulations of the applicable zone. A copy of the zone regulations is available from the Planning Division.
- E. If applying for a Conditional Use Hardship, attach a completed Physician's Certificate.
- F. If applying for a Conditional Use Home Occupation, attach a completed Home Occupation Supplemental form.
- G. If applying for a Conditional Use Agri-Tourism, attach a completed Agri-Tourism Supplemental form.
- H. Filing fee: Make check payable to Marion County. Note: 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 Division based on the amount of staff work undertaken.

Please note: Most development requests are reviewed by a number of offices within Public Works and there may be several fees you will incur during this process. Customers can mistakenly believe the first fee(s) they pay covers all the costs for their development request. Contact the Planning Division for more information.



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Fee: Please check the appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> Conditional Use - \$1250 | <input type="checkbox"/> Wireless Communication Facility - \$3130 |
| <input type="checkbox"/> Conditional Use Hardship - \$375 | <input type="checkbox"/> Amend Conditions/Permit - \$500 |
| <input type="checkbox"/> Conditional Use Hardship Change of Occupant - \$100 | <input type="checkbox"/> Aggregate Site (non Goal 5) - \$2500+\$65/acre |
| <input type="checkbox"/> Non-Farm Dwelling \$1880 | <input type="checkbox"/> Agri-Tourism Single Event - \$375 |
| <input type="checkbox"/> UT Zone Replacement Dwelling - \$375 | <input type="checkbox"/> Agri-Tourism Max 6 Events - \$640 |
| <input type="checkbox"/> Conditional Use Home Occupation - \$640 | <input type="checkbox"/> Agri-Tourism Max. 18 Events/Longer Duration-\$640 |

PROPERTY OWNER(S):	ADDRESS, CITY, STATE, AND ZIP:
PROPERTY OWNER(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; explain in detail on the "Applicant's Statement"):	

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
<input type="checkbox"/> TPA/header			<input type="checkbox"/> Filing Fee
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)
Signs given:			<input type="checkbox"/> Home Occupation Supplemental (if applicable)
			<input type="checkbox"/> Agri-Tourism Supplemental (if applicable)
Date determined complete:			Application accepted by:
			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 owner 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

Property Owner(s) Name: _____ Phone: _____

Site Address: _____ City: _____ Zip _____

Subdivision: _____ Lot: _____ Block: _____

Manufactured Home Park: _____ Space: _____

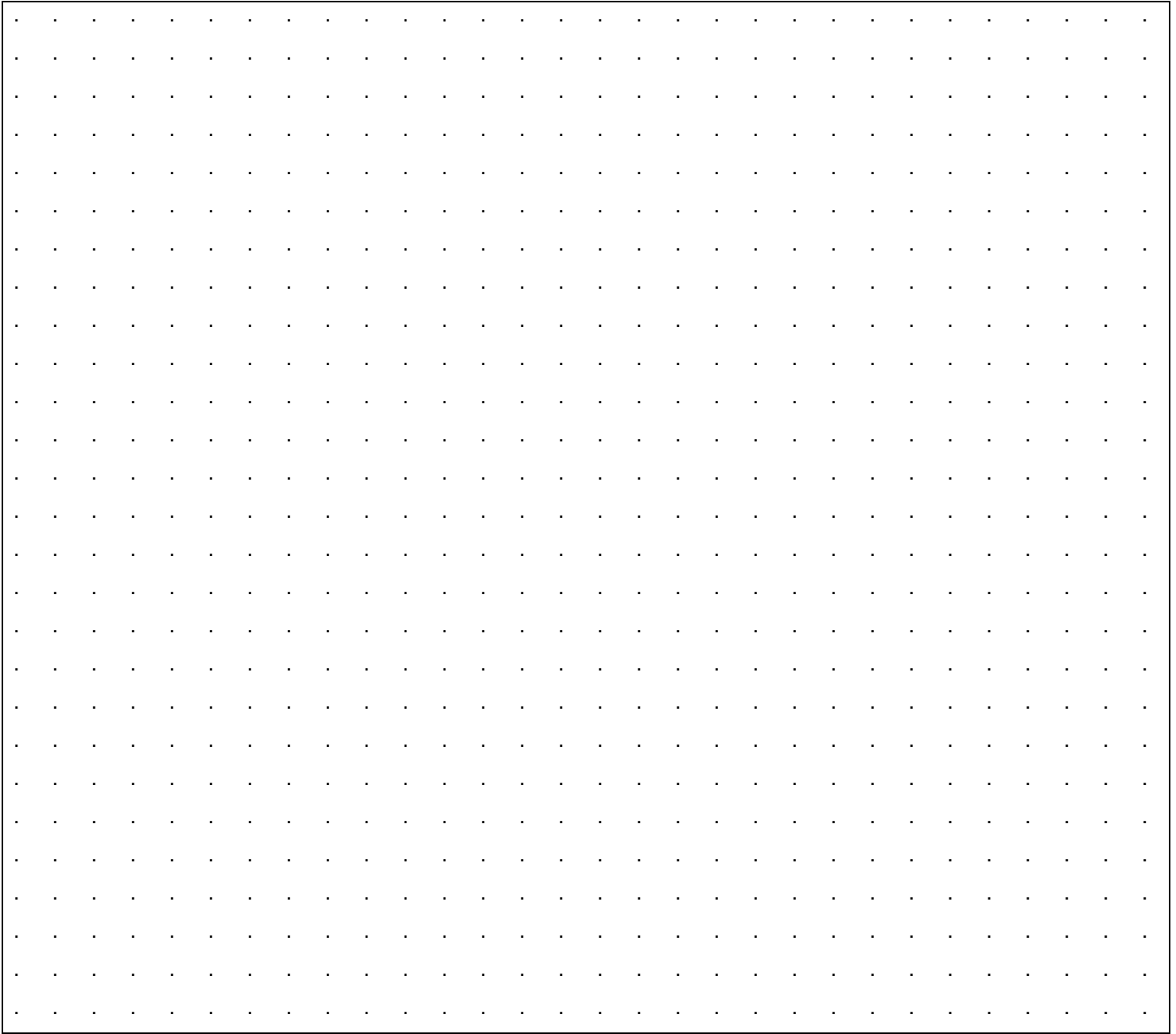
Assessor Map # (T-R-Sec-TL(s)): _____ Total # Acres _____

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'

