



Marion County
OREGON

CONDITIONAL USE APPLICATION

RECEIVED

JAN 31 2025

**Marion County
Planning**

Do not double-side or spiral bind any documents being submitted

Fee: Please check the appropriate box:

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

APPLICANT(S): Susan Maloeh	ADDRESS, CITY, STATE, AND ZIP:
APPLICANT(S) (if more than one): James Hohnstein	ADDRESS, CITY, STATE, AND ZIP Aumsville, 5028 Dumore Dr SE 97325
APPLICANT REPRESENTATIVE: Susan Maloeh	ADDRESS, CITY, STATE, ZIP Aumsville, 5028 Dumore Dr. SE OR 97325
DAYTIME PHONE (if staff has questions about this application): 503-551-8907	E-MAIL (if any): shyangoldens@comcast.net
ADDRESS OF SUBJECT PROPERTY: 5028 DUMORE DR. SE Aumsville, OR. 97325	SIZE OF SUBJECT PROPERTY: 22 ft long
THE PROPERTY OWNERS OF THE SUBJECT PROPERTY REQUEST TO (summarize here; provide detailed information on the attached "Applicant Statement" page): Keep trailer on property with permit.	

FOR OFFICE USE ONLY:

Township 85	Range 2W	Section 13B	Application elements submitted:
Tax lot number(s) 400	<input checked="" type="checkbox"/> Title transfer instrument		
Zone: AR-3	<input checked="" type="checkbox"/> Site plan		
Zone map number: 49	<input checked="" type="checkbox"/> Applicant statement		
Case Number: 25-010	<input type="checkbox"/> GeoHazard Peer Review (if applicable) N/A		
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural	<input checked="" type="checkbox"/> Physician's Certificate (if applicable)		
	<input type="checkbox"/> Home Occ Supplemental (if applicable) N/A		
	<input type="checkbox"/> Agri-Tourism Supplemental (if applicable) N/A		
	<input checked="" type="checkbox"/> Filing fee		
	Application accepted by: JS Set up by: ACS		
Date determined complete:	Date: 2/4/2025		

IF THIS IS FOR A CONDITIONAL USE HARDSHIP:

WILL THE TEMPORARY DWELLING BE () MANUFACTURED HOME OR (X) RV? Check one.
 IF USING AN RV, DO YOU INTEND TO:

() CONNECT TO THE EXISTING SEPTIC SYSTEM OR (X) USE THE RV HOLDING TANK? Check one.
 NAME OF PERSON(S) WITH MEDICAL HARDSHIP:

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

NAME OF CAREGIVER: Susan Maloch

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

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

WHAT TYPE OF ASSISTANCE WILL CAREGIVER PROVIDE:
Driving to Appt., CASH FOR FOOD, LENT my car to him for Dr. Appt's + groceries taken to emergency/suorat times.

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.

Susan Maloch
 Print Name

Susan Maloch
 Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

DATED this 21st day of Oct, 2024

Susan has helped me in so many ways. her Friendship her Kindness, Financillie Rides To The hospital, Wal-mart- Doctors appointments.

I am one of millions of Americans who have fallen on hard Time. In turn I help Susan do chores on the property to earn my keep.

Jim C. Weinstein

As Friends We help
each other

Jim was born with a hip disability. He limps and is in pain all the time.