

Please complete the following application checklist. Note that additional information may be required upon further review in order to adequately address the applicable criteria for approval. If you have any questions about filling out this application, please contact Planning staff at the Permit and Information Center, 99 West 10th Avenue, Eugene or by phone at (541) 682-5377.

SECTION A

List all Assessor’s Map and Tax Lot numbers of the property included in the request. Proposals are required to include all property under contiguous ownership of the applicant.

Assessor’s Map	Tax Lot	Existing Zoning

Check One Item Below:

- Initial Permit Application (complete **Sections A, B and D** of this application form)
- Renewal Application (complete **Sections A, C and D** of this application form)

Filing Fee:

- A filing fee must accompany all applications. The fee varies depending upon the type of application and is adjusted periodically by the City Manager. Check with Planning staff at the Permit and Information Center to determine the required fee or check our website at www.eugeneplanning.org

Note: This is not a complete list of requirements. Additional information may be required after further review in order to adequately address the applicable approval criteria.

SECTION B

Information Required for an INITIAL Temporary Manufactured Dwelling Hardship Permit Application

Submittal Requirements:

Provide 2 paper copies and one digital copy (CD, USB Drive, or Other) of all application materials (i.e. written statement, site plans, etc.). Digital files must be in PDF file format. Please note that it is the applicant's responsibility to make sure that the digital and paper copies are identical. Following completeness review, an updated digital and paper copies may be required. All paper site plans must be folded to a size equal or less than 11" x 17".

Map Information:

- Assessor's map(s) and tax lot number(s) of the property involved.
- Location and use of existing structures on the property.
- Dimensions of the property involved.
- Location and width of existing easements.
- Location and width of all existing adjacent streets and alleys.
- Proposed location of temporary manufactured dwelling on property (include dimensions of manufactured dwelling and distances from property lines and other structures on the property).
- Location of existing and proposed landscaping on the property.
- Location of existing and proposed parking and access route to manufactured dwelling.
- Contours if ground slopes are greater than 5%.
- North point and engineer's scales (1" = 10', 20', 30', 40', 50', 60').
- Vicinity map indicating general area and allowing easy identification of the property.

Written Statements

- A written statement describing the nature of the request and demonstrating that the request satisfies the criteria in Eugene Code Section 9.8615.
- A written statement from a physician, therapist or other professional counselor that provides satisfactory evidence that the person on whose behalf the temporary manufactured home hardship permit is being sought is suffering either a physical or mental impairment, infirmity, or is otherwise disabled and must be near a designated care giver in order to receive adequate care.

Supporting Analysis and Documents

- Submit a legal description of property included in the site review application. This legal description must be typed on an 8½" x 11" white sheet of paper (no letterhead) so that it is suitable for recording.

SECTION C

**Information Required for the RENEWAL of a
Temporary Manufactured Dwelling Hardship Permit Application**

City file name and number of initial application:

Written Statements:

- A written statement verifying that the manufactured dwelling continues to comply with the criteria in Eugene Code Section 9.8615 (a summary statement is acceptable).

- A written statement from a physician, therapist, or other professional counselor that provides satisfactory evidence that the family member (on whose behalf the temporary manufactured dwelling hardship permit is sought) is suffering either a physical or mental impairment, infirmity, or is otherwise disabled and must be near another family member to receive adequate care. (This statement verifies that the family member continues to need care by another family member beyond the original one year time period.)

SECTION D.

By signing, the undersigned certifies that he/she has read and understood the submittal requirements outlined, and that he/she understands that omission of any listed item may cause delay in processing the application. I (We), the undersigned, acknowledge that the information supplied in this application is complete and accurate to the best of my (our) knowledge.

OWNER (Also the Applicant? Yes / No):

Name (print): _____ Phone: _____

Address: _____

City/State/Zip: _____

Signature: _____

APPLICANT / **APPLICANT'S REPRESENTATIVE** (Check one):

Name (print): _____

Company/Organization: _____

Address: _____

City/State/Zip: _____ E-mail (if applicable): _____

Phone: _____ Fax: _____

Signature: _____

APPLICANT'S REPRESENTATIVE / **DESIGNATED CONTACT PERSON** (Check all that apply):

Name (print): _____

Company/Organization: _____

Address: _____

City/State/Zip: _____ E-mail (if applicable): _____

Phone: _____ Fax: _____

Signature: _____