



## COMMUNITY DEVELOPMENT DEPARTMENT

Planning Division  
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# Temporary Placement of a Manufactured Home

- Medical Hardship
  - Temporary On-Site Residence
  - Other Temporary Uses
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### INFORMATION AND INSTRUCTIONS:

- Filing Fee (*subject to change every July 1*): \$133; staff will contact you for payment after submittal.
  - All plans and drawings must be to scale, and review criteria responses should be provided as specified in this checklist.
  - Email all materials to [eplans@cityofalbany.net](mailto:eplans@cityofalbany.net). Please call 541-917-7550 if you need assistance.
  - Depending on the complexity of the project, paper copies of the application may be required.
  - Before submitting your application, please check the following list to verify you are not missing essential information. An incomplete application will delay the review process.
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## TEMPORARY PLACEMENTS OVERVIEW

### ADC 10.440-10.510

There are three categories covered under this application: Medical Hardship, Temporary On-site Residence, and Other Temporary Uses. A Temporary Placement permit is used to accommodate the need for temporary housing or office space and the applicant wants to use a manufactured home to fill this need. Each category has its own procedure, criteria for approval, and expiration date.

The manufactured home proposed for the temporary use must be either a Type A, B, or C manufactured home (see Sections 10.080 through 10.140 of the Development Code) and placed on a single lot according to the provisions of each type.

There are three types of situations where a manufactured home may be temporarily used to fill a need:

- Medical Hardship is to allow a property owner/resident to provide temporary housing on their property in order to provide adequate and immediate health care for a family member in need of close attention who would otherwise be unable to receive the needed attention from the hospital or care facility. The approval is valid for two years and may be renewed until the reason for the hardship ceases. When the hardship ceases the manufacture home is removed. (See ADC 10.450-10.460). These are processed by the Community Development Director (Type I process).
- Temporary On-site Residence is to allow on-site housing for owners or caretakers who are overseeing the construction of a new or replacement home, or the repair of an existing home. The approval would be for one year. (See ADC 10.470-10.480). These are processed by the Community Development Director (Type I process).
- Other Temporary Uses category is to allow temporary building space for: (a) a night watchman, or (b) business office space during construction or remodeling, or (c) building space for education, government or non-profit agencies. These are processed by the Community Development Director (Type I-L). The approval would be valid for one year with the possibility of renewal.

The Director or review body may revoke a Temporary Placement permit with 30 days notice if, upon inspection, the use is found not to comply with the application for which the permit is issued.

The Director needs a site plan map that accurately shows the boundaries of the property, the locations of all existing and proposed structures on the property, and how they are served by public utilities.

The applicant must submit the requested information with enough detail that the review authority can conclude that the permit can be issued. For specifics, see the enclosed material on the type of temporary placement you will be requesting.

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## TEMPORARY MEDICAL HARDSHIP

### ALBANY DEVELOPMENT CODE SECTION 10.450-10.460.

This is for the review of a request for a permit for temporary placement of a manufactured home so that a resident may provide adequate and immediate health care for a family member who needs close attention and who would otherwise be unable to receive the needed attention from the hospital or care facility.

The Community Development Director reviews Temporary On-Site Residence applications without a public hearing (Type I review procedure). The application is attached to this document.

The applicant must demonstrate, with supporting factual information, that the permit is needed. The manufactured home to be used must meet all city, county, and state health and building requirements, and must be used in conjunction with a permanent residential structure on the same lot.

#### **An application for a medical hardship special use permit must include the following:**

1. A written medical report from a licensed physician indicating the nature of the medical or disability hardship and the amount and type of care needed by the affected person or persons.
2. A written explanation including factual information that demonstrates why it is necessary to provide adequate and immediate health care for a family member on-site in a temporary structure, rather than in a hospital or care facility or within the primary residence.

3. A plot plan showing in detail the proposed location of the manufactured home on the site, with respect to the surrounding area, setbacks, existing structures and improvements to be made.
4. A signed petition indicating approval of all property owners located within one hundred (100) feet of the subject property.

**If approved, at a minimum, the following conditions will be attached:**

1. There shall be no change in occupancy of the manufactured home under the permit. (i.e. the permit is for the original individual for whom the temporary structure is needed.)
2. The manufactured home shall not be expanded or attached to a permanent structure on the property.
3. The manufactured homes shall have approved connections to utility systems and the owners shall be allowed to hook to an existing residential sewer service lateral without paying a sewer hookup charge.
4. The manufactured home shall be required to meet all setback requirements to residential dwellings and shall be situated so as to have the least possible visual exposure to adjoining streets.
5. The manufactured home must be removed when the original hardship no longer exists.
6. The permit is valid for a two-year period from the date of approval. The permit may be renewed upon request if the Director finds that the hardship still exists and that the temporary placement has had no adverse effect on surrounding properties. The renewal request must be made at least 30 days before the permit's expiration date.

The Director may add further conditions or restrictions to assure conformance with the Development Code. Guarantees and evidence of compliance may also be required.

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## TEMPORARY ON-SITE RESIDENCE

### ALBANY DEVELOPMENT CODE SECTIONS 10.470-10.480

This is for the review of a request for a permit for the temporary placement of a manufactured home to provide on-site housing for owners or caretakers who are overseeing construction of a new or replacement home, or emergency repair of an existing home.

The Community Development Director reviews Temporary On-Site Residence applications without a public hearing (Type I review procedure). The application is attached to this document.

**The applicant must submit with the application:**

1. A statement of intended use and length of time for use.
2. A property plan showing in detail the proposed location and size of the manufactured home with respect to the surrounding area, setbacks, structures, and improvements to be made. The plan must also show the location of any wells, septic tanks, and drain fields on the property.
3. Evidence that the manufactured home complies with building and health codes.
4. A signed petition indicating approval of all legal property owners within one hundred feet of the property. (See Attachment C to the application.)

**If approved, at a minimum, the following conditions will be attached:**

1. There must be no change in occupancy under the permit. (i.e. the permit is for the original individual for whom the temporary structure is needed.)
2. The manufactured home may not be included or sold as a part of any property on which it is located.
3. The manufactured home may not be expanded or have attached permanent structures.
4. The manufactured home must have approved connections to utility systems as required by the City.
5. The use is limited to the function as set forth in the application for the permit.
6. The permit is limited in duration to one year. The permit may be extended at the discretion of the Director.

The Director may add further conditions or restrictions in order to assure conformance with the Development Code. Guarantees and evidence of compliance may also be required.

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## OTHER TEMPORARY USES

### ALBANY DEVELOPMENT CODE SECTIONS 10.490

This type of request is for the review of a request to provide adequate temporary building space for the following uses only:

1. Night watchman.
2. Temporary offices accessible to the general public for use during construction or remodeling.
3. Temporary building space for education, non-profit, and government agencies.

This application is processed under the Site Plan Review procedure (Type I-L). This application is available online at <http://www.cityofalbany.net> or at the Community Development Department

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## TEMPORARY PLACEMENT APPLICATION

**If this request is for a “medical hardship” permit, provide the following:**

1. A written medical report from a licensed physician indicating the nature of the medical or disability hardship and the amount and type of care needed by the affected person or persons.
2. A site plan showing in detail the proposed location of the manufactured home on the site, with respect to the surrounding area, setbacks, existing structures and improvements to be made. The plan must also show the location of any wells, septic tanks, and drain fields on the property.
3. A signed petition (Attachment B) indicating approval of all legal property owners within one hundred feet of the subject property.
4. Information on current property owners within 100 feet of the subject property (Attachment A).

**If this request is for a “temporary on-site residence” permit, provide the following:**

1. A statement of intended use and length of time for use.
2. A property plan showing in detail the proposed location and size of the manufactured home with respect to the surrounding area, setbacks, structures, and improvements to be made. The plan must also show the location of any wells, septic tanks, and drain fields on the property.
3. Evidence that the manufactured home complies with building and health codes.
4. A signed petition (Attachment C) indicating approval of all current owners of properties located within one hundred feet of the subject property where the manufacture home would be placed.
5. Information on current property owners within 100 feet of the subject property (Attachment A).

**If this request is for an “other temporary uses” permit:**

This type of request is processed under the Site Plan Review process. The application for that process available online at <http://www.cityofalbany.net> or at the Community Development Department

**Note:** Some properties may have covenants or restrictions, which are private contracts between neighboring landowners. These frequently relate to density, minimum setbacks, or size and heights of structures. While these covenants and restrictions do not constitute a criterion for a City land use decision, they may raise a significant issue with regard to the City’s land use criteria. It is the responsibility of the applicant to investigate private covenants or restrictions.

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# ATTACHMENT A

**LIST OF PROPERTY OWNERS OF RECORD WITHIN 100 FEET OF THE SUBJECT SITE.** Using the Linn or Benton County Tax Assessor's maps, identify which properties must be notified of the application. Write down the Tax Assessor's map and tax lot numbers associated with each property and obtain from the tax assessor's database the name(s) of the current owners of record. After the list is prepared (typed or clearly printed), indicate who prepared the list, on what date, and the data source.

**Example: 11S-03W-18AB, 3200: Mary & John Smith, 525 24TH Ave. SE, Albany OR 97321**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

This list was prepared by \_\_\_\_\_ on \_\_\_\_\_.  
(Signature)

\_\_\_\_\_  
(Printed Name)

The source of the information was \_\_\_\_\_ County Tax Assessor's Office.

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## ATTACHMENT B

### MEDICAL HARDSHIP PETITION

I/we are all of the property owners of record within 100 feet of the boundary of the property owned by the applicants, \_\_\_\_\_, who reside at \_\_\_\_\_, Albany, Oregon.

We understand that the applicants wish to temporarily place a manufactured home on their property so that they can provide adequate and immediate health care for a family member in need of close attention who would otherwise be unable to receive needed attention from the hospital or care facility.

We also understand that the following are the minimum conditions if the request is approved, and that the Community Development Director may add additional conditions or restrictions as appropriate.

1. There shall be no change in occupancy under the permit.
2. Manufactured homes shall not be expanded or attached to a permanent structure.
3. Manufactured homes shall have approved connections to utility systems, and the owners shall be allowed to hook to an existing residential sewer service lateral without paying a sewer hookup charge.
4. The manufactured home shall be required to meet all setback requirements to residential dwellings and shall be situated so as to have the least possible visual exposure to adjoining streets.
5. The manufactured home must be removed when the original hardship no longer exists.
6. The permit is valid for two years from the date of approval. The permit may be renewed upon request if the Director finds that the hardship still exists and that the temporary placement has had no adverse effect on surrounding properties. The applicant must request renewal at least 30 days before the permit expires.

**SURROUNDING PROPERTY OWNERS: (Print your name/address and sign to the right)**

1.		
	Name and address (print)	Signature
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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# ATTACHMENT C

## TEMPORARY ON-SITE RESIDENCE PETITION

I/we are all of the property owners of record within 100 feet of the boundary of the property owned by the applicants, \_\_\_\_\_, who reside at \_\_\_\_\_, Albany, Oregon.

We understand that the applicants wish to temporarily place a manufactured home on their property while they are overseeing the construction of a new or replacement home, or the repair of an existing home.

We also understand that the following are the minimum conditions if the request is approved, and that the Community Development Director may add additional conditions or restrictions as appropriate.

1. There shall be no change in occupancy under the permit.
2. The manufactured home may not be included or sold as a part of any property on which it is located.
3. The manufactured home may not be expanded or have attached permanent structures.
4. The manufactured home must have approved connections to utility systems as required by the City.
5. The use is limited to the function as set forth in the application for the permit.
6. The permit is limited in duration to one year. The permit may be extended at the discretion of the Director.

**SURROUNDING PROPERTY OWNERS: (Print your name/address and sign to the right)**

1. _____ Name and address (print)	_____ Signature
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____