



WASHINGTON COUNTY

Dept. of Land Use & Transportation
Planning and Development Services
Current Planning
155 N. 1st Avenue, #350-13
Hillsboro, OR 97124
Ph. (503) 846-8761 Fax (503) 846-2908
<http://www.co.washington.or.us>

Application Instructions for: Type II Replacement Dwelling in EFU/AF-20 OR AF-10/AF-5/RR-5 when 2 or more Lawful Dwellings Exist

Standards for Type II Replacement Dwellings are found in CDC Section 430-8.2. Please review to ensure your request qualifies for the Type II Replacement Dwelling.

1. Submit five (5) of each of the following:

- A.** Completed **Type II Replacement Dwelling Application** included in this packet, with date and original signature of the property owner(s).
- B.** An accurate **site plan** of the property showing the location of the existing and replacement dwelling. The plan shall show: 1) building setbacks; 2) property dimensions; 3) all structures on the property labeled with their use; 4) existing or proposed easements; 5) dimensions of the driveway; 6) dimensions of the access approach; 7) bodies of water; 8) delineation of flood plain and/or drainage hazard areas; 9) delineation of significant natural resource areas; 10) wells and septic drain field systems and their distances from all structures
- C.** Completed **Type II Replacement Dwelling Supplemental Information** form included in this packet.
- D.** Copy of Washington County's **Official Tax Map** that contains the subject property. Available either from Current Planning or online at: <http://washims.co.washington.or.us.InterMap/>
- E.** **Signed Pre-application Waiver or Notes from Pre-Application Conference**
- F.** **Photos** showing intact exterior walls and roof structure
- G.** **Photos** of interior wiring for interior lights (photos of lights turned on in each room)
- H.** **Photo** of heating system (photos of furnace, baseboard heaters, wood-burning stove, etc.)
- I.** **Photos** of house front with address, as well as house rear and both house sides as they appear from the public right-of-way or access drive
- J.** **Photo** of kitchen sink with the water running from the faucet
- K.** **Photos** of toilet bowl/tank with water and bathing facilities with water running from the faucet
- L.** **Explanation** of any photos not provided by addressing Question 5 of the **Supplemental Information** form
- M.** **Evidence** demonstrating lawful establishment (see Question 1 of the **Supplemental Information** form)

- N. Fire Marshal Comments/Approval** if the driveway is or will be over 150 feet in length. The comments from the Fire Marshal must be: 1) on letterhead stating the driveway meets or can meet Fire District standards with improvements; or, 2) a site plan signed and/or stamped by the Fire Marshal.
 - O. Letter from an insurance company stating the loss is covered by a valid homeowner's insurance policy (at the time of fire, other casualty or natural disaster) for at least 80% of the replacement cost OR Insurance Appraisal showing damage or destruction does not exceed 70% of the dwelling's value – if Restoration or Replacement of a Nonconforming Structure Made Necessary by Fire, Other Casualty or Natural Disaster (CDC Section 440-5)**
 - P. Flood Plain/Drainage Hazard Area Alteration Application** if the replacement dwelling or necessary driveway improvements/culvert crossings will be located in Flood Plain/Drainage Hazard Area
2. **Pay Fees:** Please refer to the current copy of the Current Planning fee schedule and remit required payment when submitting the application. Checks payable to: *Washington County*.

Type II Replacement Dwelling: _____

Groundwater Study Rural Surcharge: _____

If you have any questions regarding the Washington County Community Development Code standards or application requirements for a Type II Replacement Dwelling EFU/AF-20 or AF-10/AF-5/RR-5 when 2 or more lawful dwellings exist, please contact **Current Planning at (503) 846-8761**.

NOTE: This application must be submitted, reviewed and approved BEFORE you are able to apply for a building permit. Once the application is approved, please contact Building Services at (503) 846-3470 for building permit information.



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**Type II Replacement Dwelling – EFU/ AF-20
or AF-10/AF-5/RR-5 for 2 or more dwellings**

CPO: _____ **COMMUNITY PLAN:**
Rural/Natural Resource

LAND USE DISTRICT:
____ EFU
____ AF-20
____ AF-10 (two or more dwellings)
____ AF-5 (two or more dwellings)
____ RR-5 (two or more dwellings)

ASSESSOR MAP: _____ **TAX LOT NUMBER(S):**

NOTE: *Contiguous property under identical ownership will be reviewed as part of this application and may be subject to conditions of approval. List assessor map and tax lot numbers of all contiguous property under identical ownership:*

SITE ADDRESS: _____
SITE SIZE: _____

EXISTING USE OF SITE: _____

PROPOSED DEVELOPMENT ACTION: REPLACEMENT DWELLING

We, the undersigned, hereby authorize the filing of this application and certify that the information contained in this application is complete and correct to the best of our knowledge. This also authorizes the designated Applicant's Representative (if applicable) to act on behalf of the Applicant for the processing of the request.

OWNER CONTRACT PURCHASER _____ DATE _____
Print Name: _____

OWNER CONTRACT PURCHASER _____ DATE _____
Print Name: _____

CASEFILE #: _____
(to be assigned by Washington County)

APPLICANT:
COMPANY: _____
CONTACT: _____
ADDRESS: _____

PHONE: _____
FAX: _____
E-MAIL ADDRESS: _____

APPLICANT'S REPRESENTATIVE: *NOTE: The Applicant's Representative will be the primary contact for the County.*
COMPANY: _____
CONTACT: _____
ADDRESS: _____

PHONE: _____
FAX: _____
E-MAIL ADDRESS: _____

OWNER(S): *(attach additional sheets if needed)*
NAME: _____
ADDRESS: _____

PHONE: _____
FAX: _____
E-MAIL ADDRESS: _____

ALSO NOTIFY:
NAME: _____
ADDRESS: _____

PHONE: _____
FAX: _____

PLEASE NOTE:

- o This application must be signed by ALL the owners or ALL the Contract Purchasers of the property.
- o IF this application is signed by the Contract Purchaser(s), the Contract Purchaser is also certifying that the Contract Vendor has been notified.
- o No approval will be effective until the appeal period has expired.
- o Corporations require proof of signature authority for that entity according to their Articles of Incorporation or as registered with the State of Oregon Corporation Division at <http://www.filinginoregon.com>

**TYPE II REPLACEMENT DWELLING
(EFU/AF-20 OR AF-10/AF-5/RR-5 FOR 2 OR MORE DWELLINGS)
SUPPLEMENTAL INFORMATION FORM**

1. **Evidence** which demonstrates the dwelling was lawfully established (i.e., evidence from the mobile home log at Current Planning's front counter; evidence the dwelling was sited on the property at a time in which the zoning would have allowed construction of a single-family residence; dated aerial photos showing the residence; septic permits; state mobile home permits; affidavits by former owners presenting a collection of evidence to show legal establishment at a certain time; records from Assessment and Taxation)

Please describe, in as much detail as possible, the evidence submitted:

2. Is the dwelling currently inhabited or is it vacant? _____
3. If vacant, when was the dwelling last inhabited? _____
4. **Address this question ONLY if the restoration/replacement is due to fire, other casualty or natural disaster.** (CDC Section 440)

A) Select one:

- Fire; or
- Other Casualty or natural disaster (please explain): _____

- B)** Restoration or replacement shall begin within one (1) year from the occurrence of the fire, casualty or natural disaster.

Please list the date of the fire, casualty or natural disaster. _____

C) Select one:

- Letter from an insurance company is provided with this application stating the loss is covered by a valid homeowner's insurance policy (at the time of fire, other casualty or natural disaster) for at least 80% of the replacement cost (Type I if all other Type I criteria are met); or
- If damage or destruction by fire or other casualty or natural disaster does not exceed 70% in value based on an insurance appraisal, the use may be replaced or restored. Insurance appraisal is provided with this application. (Type II)

Findings must be made that the restoration or replacement will have no greater adverse impact on the neighborhood than the use and improvements had before the damage or destruction occurred. Please provide a detailed explanation proving the restoration or replacement will have no greater adverse impact as noted above.

5. Copies of the most-recent utility bills for the following utilities are included:

Cable
 Power
 Gas
 Landline telephone
 Other (please specify): _____
 None (please explain why): _____

6. By initialing each of the lines below, I acknowledge that the submitted site plan shows all the following setbacks for the replacement dwelling:

10-foot minimum interior side
 30-foot minimum front
 20-foot minimum rear
 30-foot minimum street side (if applicable)

7. By initialing each of the lines below, I acknowledge that my site plans shows:

All existing structures on the site **AND** their distance from all property lines
 Driveway labeled with its width and length, distance between approach and property lines and how access is obtained from the public road

8. Is the driveway for the replacement dwelling over 150 feet in length as measured from the approach to the replacement dwelling? Yes No

9. If you answered "yes" to Question 8, compliance with the Oregon Fire Code shall be assessed upon submittal of your application. Your application shall indicate all improvements needed for the driveway to meet the standards in the current Oregon

Fire Code. Please explain all improvements needed for the driveway to meet the standards in the current Oregon Fire Code and include signed and dated documentation from the Fire Marshal that the driveway either currently meets all standards or acknowledgement that your described improvements, once completed, will bring the driveway up to current Oregon Fire Code.

10. Please explain how the existing dwelling was lawfully established. Describe the evidence of known building or permit history and explain why a replacement dwelling is being requested. Also explain why any of the required photos have not been provided, if applicable. **(NOTE: A Type II is required when 1) the Type I criteria cannot be met; 2) if the existing dwelling is a manufactured/mobile home; and/or 3) the applicant will retain the “old” dwelling and convert it to an accessory use by eliminating some but not all of the features described in CDC Section 430-8.1G)**

11. The property owner must select one of the following statements below for the disposition of the existing dwelling, once the replacement dwelling has been completed.

I, _____, acknowledge the existing dwelling shall be **removed to a lawful location or demolished** within ninety (90) days of completion of the replacement dwelling.

Signature

Date

OR

I, _____, acknowledge the existing dwelling shall be **converted to an accessory structure** within ninety (90) days of the completion of the replacement dwelling as verified in a site inspection by the building inspector and that I have obtained the required permits, if applicable, for the items listed below:

- 1) Removed all kitchen appliances including the stove, oven, refrigerator, dishwasher and trash compactor; removed all kitchen sinks, countertops and cabinets; removed or terminated all 220-volt electrical circuits to kitchen appliances; removed all fuel supply lines to kitchen appliances and capped service lines at the supply source in the wall (CDC Section 430-8.1 G.1); and
- 2) Removed all toilets, bathroom sinks, and tub/shower facilities (CDC Section 430-8.1 G.2); and
- 3) Terminated the water supply to the converted structure and capped off all plumbing fixtures (CDC Section 430-8.1 G.3); and
- 4) Recorded a restrictive covenant stating the converted structure is neither eligible to be, nor will be, used as a dwelling (*form obtained from Current Planning*) (CDC Section 430-8.1 G.4); and
- 5) **Final building inspection approval of the replacement dwelling shall not be granted** until the conversion of the existing dwelling structure (all items noted above) is complete (CDC Section 430-8.1 G.).

Signature

Date