# **Exhibit A: Land Use Application**

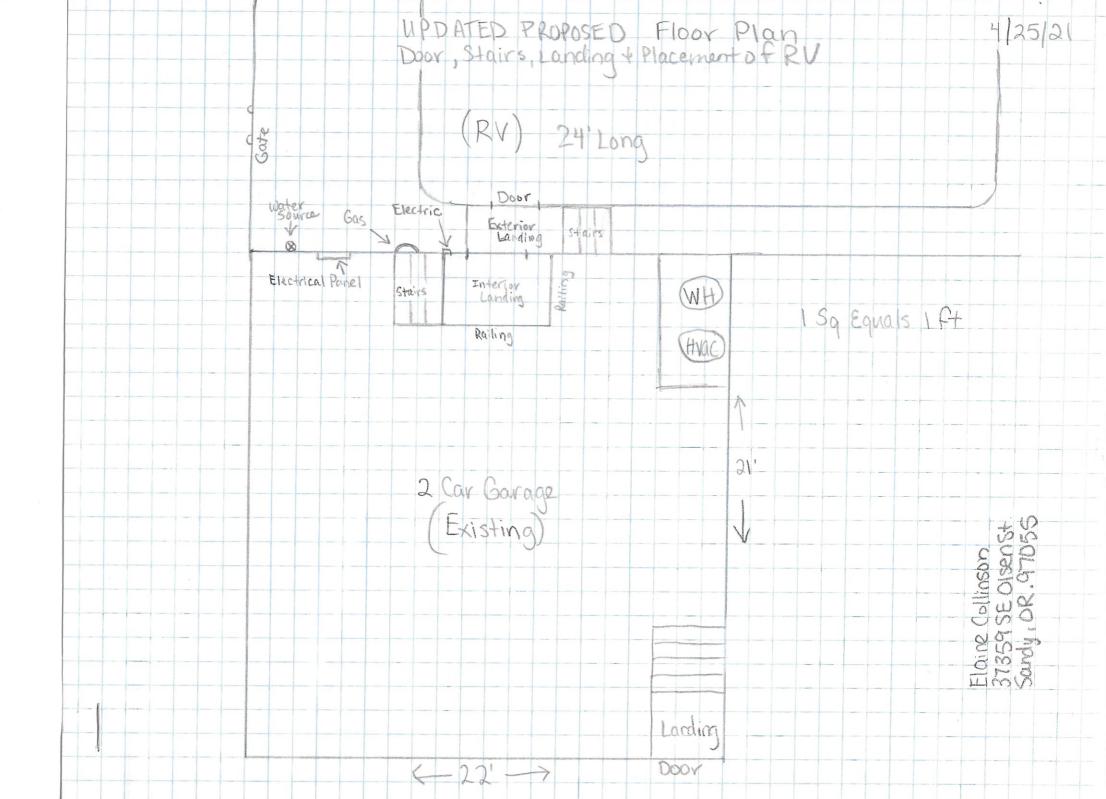


1 page



Name of Project:	Hardship Permit				
Location or Address:	37359 SE OlsonSt. Sandy, OR. 97055				
Map & Tax Lot # T:	Sardy R:	24E	Section:	Tax Lot (s):	
Request: Permit	to use as	a temp	ovary di	welling for	
				medical conditions	
		9		and her husband	
				ng while Allison lives	
I am the (check one) 🛛 c		e property listed ab	ove, and the state	ments and information contained herei	
Applicant (if different than	n owner)	Own	Elaine	. Collinson	
Address		Addr	220	E Olson Street	
City/State/Zip		City/	State/Zip	V.OR. 97055	
Email		Emai		ezwrite@gmail.co	
Phone	A 1	Phon	- D	1	
Signature		Signa	eture Elar	i Collinson	
		Staff Use On			
Date: 5.5.21	Fee\$: 251	Rcvd by: RC	Plan	ner: Shelley Denison	
Type of review: Type	Type	П□ Тур	e III 🔽	Type IV	
Date of Dra Ann mostings		GORDE LE DISTRICTURA	Lore ordered		

### **Exhibit B: Site Plan**



# **Exhibit C: Physician's Letter**



Planning and Zoning
Department of Transportation and Development
Development Services Building
150 Beavercreek Road | Oregon City, OR 97045
503-742-4500 | zoninginfo@clackamas.us

### **Licensed Healthcare Provider's Statement**

For an application for a Temporary Dwelling for Care Permit

PATIENT INFORMATION						
Patient's name:	Patient's age:					
Allison Pederson	1 45.					
Patient's address:						
37359 St Olson St. Sandy OR 97055						
This section must be fully completed <u>only</u> by the signed licensed healthcare provider.						
The patient suffers from at least one of the following:						
[2] - [2] -	Medical condition(s) generally described as:					
	serures"					
<u>Aspergers</u>						
- Anxiety						
2. The condition(s) require assistance with the following daily activities (check all that apply):						
☐ Bathing/grooming Food preparation	Food preparation					
☐ Dressing ' Laundry						
	Income generation due to financial hardship					
Property maintenance or improvement Routine shopping						
[[1987] <b>: [</b> 1987] [198] [1987] [198	☐ Toileting					
Transportation Medication management						
Supervision due to cognitive impairment   Other daily activity:						
has payel, sister is						
3. Assistance with these activities will be provided by the following people: page and he ps paterid  Name(s): Elaine Mane Collinson manage money and pay						
trans Mario Callingson mahase money and Pay						
Name(s): Earl Mane Collinsor						
	99 cm					
I, the undersigned, do certify that I have completed this form and that the above information is true. I have marked boxes in Question 1 and boxes in Question 2.						
Healthcare provider's name:  Name of healthcare practice:  Name of healthcare practice:  Name of healthcare practice:  Firwood Medical						
Address of Healthcare practice:						
36860 Industrial way Sand - OR 97055 503.876-0206						
Healthcare provider's signature Date:						
Much Haytu FM 3-27-21.						

DISCLAIMER: This document will be held as a public record.

### **Exhibit D: Sandy Fire District No. 72 Comments**



### Notice of Proposal - Request for Comment - File No. 21-020HRD

Gary Boyles <fmboyles.sandyfire@gmail.com>
To: Planning <planning@cityofsandy.com>
Cc: Rebecca Casey <rcasey@ci.sandy.or.us>

Thu, Jun 17,

Fire apparatus access and water supply requirements comply with the Oregon Fire Code. The Fire District has no opposition for this temporary dwelling for care.

Thank you,

Gary Boyles Fire Marshal Sandy Fire District No. 72 PO Box 518 17460 SE Bruns Ave. Sandy, Oregon 97055

Business line: 503-668-8093 Cell number: 503-891-7042

CONFIDENTIALITY NOTICE- This email, and any attachments may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. It is intended only for the use of the person(s) names above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply email and delete the message and any attachments from

#### [Quoted text hidden]

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21-020 HRD Notice of Proposal - Request for Comment.pdf 719K

# **Exhibit E: David Barney Inquiry**



#### Shelley Denison <sdenison@ci.sandy.or.us>

### File #21-020HRD

12 messages

### David Barney <br/> <br/> darney 055@gmail.com>

To: sdenison@ci.sandy.or.us

Sun, Jun 20, 2021 at 10:14 AM

Regarding the request for a hardship trailer on her property 37359 SE Olson St; it appears Ms Cillinson may be operating a residential care facility at this site. The questions I have are whether she is a licensed care provider and does she have a permit/license to operate said facility?

Dave Barney

#### Shelley Denison <sdenison@ci.sandy.or.us> To: David Barney <br/> <a href="mailto:barney055@gmail.com">barney055@gmail.com</a>

Mon, Jun 21, 2021 at 7:32 AM

Hi David,

Are you referring to the hardship trailer being the residential care facility? Or is she operating it out of her home?

Thanks.

[Quoted text hidden]

**Shelley Denison Associate Planner** 

City of Sandy **Development Services Department** 39250 Pioneer Blvd Sandy, OR 97055 503-783-2587 sdenison@ci.sandy.or.us

"Cities have the capability of providing something for everybody, only because, and only when, they are created by everybody." - Jane Jacobs

#### David Barney <br/> <br/> darney 055@gmail.com>

To: Shelley Denison <sdenison@ci.sandy.or.us>

Mon, Jun 21, 2021 at 9:21 AM

Based on my obervation it appears that she may be operating out of her home.

[Quoted text hidden]

[Quoted text hidden]

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Dave Barney

Shelley Denison <sdenison@ci.sandy.or.us> To: David Barney <br/>
<a href="mailto:barney055@gmail.com">barney055@gmail.com</a>

Mon, Jun 21, 2021 at 9:26 AM

I'll look into this. Thank you for the information.

[Quoted text hidden]

Shelley Denison <sdenison@ci.sandy.or.us>

To: Emily Meharg <emeharg@ci.sandy.or.us>

Hey Emily,

Do you know how we would investigate something like this?

[Quoted text hidden]

Emily Meharg <emeharg@ci.sandy.or.us>

To: Shelley Denison <sdenison@ci.sandy.or.us>

Mon, Jun 28, 2021 at 12:43 PM

Mon, Jun 28, 2021 at 12:36 PM

Hmm... not really. If she is operating a residential care facility, then I imagine Terre, Noryne, and/or Marisol would know about it since she'd have to have a business license, so I'd start there.

[Quoted text hidden]

Shelley Denison <sdenison@ci.sandy.or.us>

Mon, Jun 28, 2021 at 12:47 PM

To: Noryne Robinson <a href="mailto:nrobinson@ci.sandy.or.us">nrobinson@ci.sandy.or.us</a>, Marisol Martinez <a href="mailto:mmartinez@ci.sandy.or.us">mmartinez@ci.sandy.or.us</a>

Hey Noryne and Marisol,

Does the owner of 37359 SE Olson St have a license for a residential care facility?

[Quoted text hidden]

Rebecca Casey <rcasey@ci.sandy.or.us> To: Shelley Denison <sdenison@ci.sandy.or.us> Mon, Jun 28, 2021 at 2:15 PM

Hey Shelley, Noryne forwarded me your email regarding a business license for the address at 37359 Olson St. I looked through our Biz license spreadsheet and we have nothing for that address. Let me know if you have any other questions..

----- Forwarded message ------

From: Noryne Robinson <nrobinson@ci.sandy.or.us>

Date: Mon, Jun 28, 2021 at 2:02 PM Subject: Fwd: File #21-020HRD

To: Rebecca Casey < rcasey@ci.sandy.or.us>

Can you check this for Shelley.

Thank you!

[Quoted text hidden]

Noryne Robinson Permit Technician II

City of Sandy 39250 Pioneer Blvd Sandy, OR 97055

503-668-0880

nrobinson@ci.sandy.or.us

Rebecca Casev Administrative Assistant

https://mail.google.com/mail/u/0?ik=72b2d2374d&view=pt&search=all&permthid=thread-f%3A1703106844905801419&simpl=msg-f%3A17031068449... 2/3

City of Sandy Development Services Department 39250 Pioneer Blvd Sandy, OR 97055 503-489-2160 (Direct) rcasey@ci.sandy.or.us

Rebecca Casey <rcasey@ci.sandy.or.us>

Mon, Jun 28, 2021 at 2:17 PM

Tue, Jun 29, 2021 at 8:52 AM

To: Shelley Denison <sdenison@ci.sandy.or.us>

BUT.. she is only having that hardship permit there to take care of her sister. She doesnt need a biz license just to care for her sister. Thats why she is getting the hardship permit...

[Quoted text hidden]

Marisol Martinez <mmartinez@ci.sandy.or.us>

To: Shelley Denison <sdenison@ci.sandy.or.us>

Cc: Noryne Robinson <nrobinson@ci.sandy.or.us>

Hello Shelley,

No, I don't have a business listed under that address.

[Quoted text hidden]

Marisol Martinez

Permit Technician I

**Development Services Department** 

City of Sandy

39250 Pioneer Blvd

Sandy, OR 97055

(503) 489-2173

mmartinez@ci.sandy.or.us

Tue - Fri: 800 - 400

Shelley Denison <sdenison@ci.sandy.or.us> To: David Barney <br/>
<a href="mailto:barney055@gmail.com">barney055@gmail.com</a>

Wed, Jun 30, 2021 at 9:20 AM

Hi David,

I checked into this. According to Oregon Administrative Rules, a home is a residential care facility and therefore requires licensure if six or more seniors or adults with disabilities are receiving care there. Ms. Collinson is caring for her aging mother, which is why she is requesting the hardship trailer, and not six or more individuals.

Hope this information helps. Let me know if you have any other questions.

[Quoted text hidden]

To: Shelley Denison <sdenison@ci.sandy.or.us> Wed, Jun 30, 2021 at 9:46 AM

Thanks Shelley, good to know.

[Quoted text hidden]