



Medical Hardship Application

PO Box 458 * Veneta, OR 97487 * 541-935-2191 * Fax 541-935-1838 * www.venetaoregon.gov

Planning File #: _____

Receipt #: _____

Date Received: _____

Print Property Owner Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Assessor's Map Number (Township, Range, Section, Quarter Section)	Tax Lot(s)	Acres	Zone

Subject property address(es): _____

Subzone (if applicable): _____

The Veneta Zoning and Development Code, Article 4, Section 4.01 allows the use of an accessory dwelling to relieve a temporary medical hardship in the Rural Residential Zoning District with Conditional Use Permit approval. A manufactured dwelling used as an accessory dwelling to a permanent residence for a designated member of the immediate family may be granted by the Planning Commission when a medical hardship exists in the family in accordance with Article 8, Section 8.11(5) of the Veneta Zoning and Development Code.

The ordinance requires that medical hardships are verified by a licensed physician and a new certificate submitted each year. The intent of the ordinance is that the hardship be temporary in nature and that the medical condition requires the assistance of an immediate family member to provide care.

The following Physician's Certificate must be completed and signed by your physician and submitted with the application for a Conditional Use Permit.

The following medical condition prevents the person with the hardship from providing the basic self-care needed to live on a separate lot. This statement also attests that the physician is convinced the person with the hardship must be provided with a level of care that requires the caretaker to reside on the same premises.

**I HEREBY CERTIFY THAT _____ IS A PATIENT OF MINE AND HAS A MEDICAL OR PHYSICAL
HARDSHIP DUE TO THE FOLLOWING CONDITION(S).**

Physician's Signature: _____

Physician's Printed Name: _____

ID/License #: _____

Address: _____

Phone: _____

Date: _____