



Skamania County
Community Development Department
Building/Fire Marshal ♦ Environmental Health ♦ Planning
Skamania County Courthouse Annex
Post Office Box 1009
Stevenson, Washington 98648
Phone: 509-427-3900 Inspection Line: 509-427-3922

TEMPORARY DWELLING APPLICATION INTAKE CHECKLIST

(This form must be complete and submitted with all required documents for the application to be considered complete. Review will not begin on the project until all of the requirements below are submitted)

- | STAFF | APPLICANT | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Complete Temporary Dwelling Application and <i>non-refundable</i> \$325 fee, payable to Skamania County Treasurer. Fees are subject to change by resolution of the County Commissioners. |
| <input type="checkbox"/> | <input type="checkbox"/> | A description of the proposed temporary dwelling. |
| <input type="checkbox"/> | <input type="checkbox"/> | A notarized statement signed by all owners of the parcel (excluding lien holders) setting forth the circumstances which necessitate the temporary dwelling. |
| <input type="checkbox"/> | <input type="checkbox"/> | If relating to the care or assistance of a family member, a written statement from a physician substantiating the need to receive continuous care and assistance is required. |
| <input type="checkbox"/> | <input type="checkbox"/> | Information regarding the existing on-site septic system should be submitted (i.e. septic tank pumper's inspection report, copy of permit for existing septic system). |
| <input type="checkbox"/> | <input type="checkbox"/> | Well log and pump test showing gallons/minute |

Reviewed by _____ **Complete:** Yes _____ No _____ **Date:** _____

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**TEMPORARY DWELLING APPLICATION
& INFORMATIONAL PACKET**

What is a Temporary Dwelling?

Temporary dwellings may be allowed under certain circumstances to satisfy personal hardships. Financial hardships, taking care of the property and other convenience arrangements not relating to age, infirmity, or the building or placement of a dwelling shall not be considered grounds for which a temporary dwelling permit can be issued. In order for the Skamania County Community Development Department (SCCDD) to permit a temporary dwelling, compliance with both Zoning (SCC 21.70.120) and Health and Safety (SCC 8.68.040) regulations is necessary. If the temporary dwelling is proposed on unzoned land, or within the National Scenic Area, then only the Health and Safety (SCC 8.68.040) provisions are required to be met for this application.

The temporary dwelling permit shall be issued for the purpose of:

1. Giving or receiving continuous care or assistance to a family member who resides in the permanent dwelling located on the property or the occupant of the temporary dwelling;
or
2. The owner(s) of a parcel are in the process of building or placing a dwelling intended for the owner's occupancy on the parcel.

Site Analysis Level II (SAL II)

Before any permits are issued, a Site Analysis Level II (SAL II) must be completed. See the SAL II application packet for additional information.

The Process

1. A complete application packet must be submitted before any review will begin on the project.
2. The application will then be reviewed for compliance with all applicable County regulations and setbacks. Staff will also evaluate the water source and existing on-site septic system's capacity to serve the temporary dwelling through a record review and a site visit.
3. A site visit will not be scheduled until a complete application packet is submitted.
4. If the proposal meets the criteria for a Temporary Dwelling, a permit will be issued.
5. If the Temporary Dwelling Permit is issued for a landowner constructing a home, the permit is good for one year, with one 12 month extension possible. The request for extension must be made at least thirty days prior to the permit expiration. A Temporary Dwelling Permit issued for a family member receiving continuous care is good for one year, but may be renewed for 12 month intervals if the need for care still exists.
6. An as-built drawing will be required upon connection of the temporary dwelling to an OSS system. A final inspection of the temporary dwelling connection and components by the SCCDD may also be required.
7. The decision may be appealed within 14 days of the permit issuance date.

Requirement/Allowable Use	Unzoned (Health Code Only)	Zoned – non-NSA (Planning & Health Code)	NSA (Health and NSA Code)
Reasons temporary dwelling permit allowed	Medical hardship* that requires close family care (8.68.040 (A)(1))	1) Medical hardship*, or 2) Owners in process of building/placing a dwelling on the parcel for the owner to live in	If property is inside the National Scenic Area (NSA), please contact Skamania County Community Development Department and speak to an NSA Planner for more information
Type of temporary dwelling permitted	RV/Mobile Home (8.68.040(A)(1))	RV/Mobile Home (21.70.120 (A)(1))	
Permit length	2 years or until medical condition no longer exists (8.68.040 (5))	12 months or until the qualifying condition no longer exists (21.70.120 (F)(1))	
Renewability (dependent upon verification of continued need and completed renewal application approval)	Applicants may apply for a renewal every 2 years as long the medical condition does not change (8.68.040 (5))	1) Medical reasons: applicants may reapply every 12 months unless the medical condition changes (21.70.120 (F)(2)(a)), or 2) Building reasons: may apply for renewal one (1) time, for 12 months. Must reapply at least thirty (30) days prior to expiration. (21.70.120 (F)(2)(b))	
Removal of temporary dwelling	90 days after the medical condition ceases, or at the expiration of permit (8.68.040 (6))	30 days after the medical condition ceases, or at the expiration of permit (21.70.120 (A) (4))	
Septic connection / water source	Share same septic drainfield and well/ water source as permanent dwelling (must complete septic verification and water availability verification process prior to approval). (8.68.040 (A)(3) through (E))	Share same septic drainfield and well/ water source as permanent dwelling (must complete septic verification and water availability verification process prior to approval). (8.68.040 (A)(3) through (E))	
Setbacks (if multiple setback standards apply, the most restrictive setbacks are used as minimums)	Placement of temporary dwelling will meet all setbacks required by Environmental Health (21.70.120 (C)(5)), all critical area setbacks required by SC 21A, and building division setbacks (15.04.060)	Placement of temporary dwelling will meet all setbacks required by Environmental Health (21.70.120 (C)(5)), zoning (21.70.120 (C)(6)), critical areas (SC 21A), and building division (15.04.060)	

* Medical hardship is defined as a medical condition requiring continuous care or assistance from someone who resides on the parcel. Health code also requires that the care be provided by immediate family members.

Minimum Criteria

Section A: Planning ordinances for zoned property in Skamania County (SCC Section 21.70.120)

The temporary dwelling permit shall be issued for the purpose of:

- a. Giving or receiving continuous care or assistance to a family member who resides in the permanent dwelling located on the property or the occupant of the temporary dwelling; *or*
 - b. The owner(s) of a parcel are in the process of building or placing a dwelling intended for the owner's occupancy on the parcel.
1. A temporary dwelling shall be designed, constructed, and maintained in a manner which will facilitate its removal or conversion to an approved permanent structure on expiration or termination of the permit. Permanent structures are *not allowed* as a temporary residence.
 2. A current vehicular license shall be maintained for a recreational vehicle used as a temporary dwelling.
 3. Mobile homes manufactured prior to June 15, 1976, are not permitted as temporary residences for the purpose of this permit, unless they are updated to meet the current fire, life, and safety standards for manufactured homes.
Contact the Washington State Department of Labor & Industries at (509) 454-3700 or www.lni.wa.gov for their specific requirements.
 4. There shall be no more than one temporary dwelling per parcel.
 5. Compliance with all applicable Skamania County Community Development Department (SCCDD) regulations is required. (Health, zoning, setbacks, critical areas, etc.)
 6. The temporary dwelling shall not have an address.
 7. The temporary dwelling shall be located on the same parcel as the permanent structure.
 8. A permit for a temporary dwelling shall be valid for one year. (See SCC Section 21.70.120(F) for renewal information.)
 9. **Additionally, specific to medical hardship:**
 - a. A written statement from a physician substantiating the need to receive continuous care and assistance is required.
 - b. No rent, fee, or payment of any kind may be paid to the parcel owner for the placement and/or occupancy of the temporary dwelling.
 - c. Once the medical condition ceases, the temporary dwelling must be disconnected from the water supply and OSS system and removed from the parcel within thirty (30) days.
 - d. If the medical condition continues, the permit may be renewed in twelve (12) month intervals if the existing conditions for renewal are met. All renewal applications must be submitted at least thirty (30) days prior to expiration of the permit.
 10. **Additionally, specific to constructing a permanent dwelling for owner occupancy:**
 - a. Once the permanent dwelling is permitted for occupancy, the temporary dwelling must be disconnected from the water supply and OSS system and removed from the parcel within thirty (30) days.
 - b. If the permanent dwelling is not yet ready for occupancy, the permit may be renewed only once, for no longer than twelve 12 months, provided all existing conditions for renewal are met.

Section B: Health ordinances for all properties in Skamania County (SCC Section 8.68.040)

A temporary dwelling for unzoned properties may be issued a permit for medical hardships only. A hardship is defined by Skamania County health ordinances as a medical condition that requires close family care from immediate family members.

1. **WATER SUPPLY:** evidence of an adequate water supply is required before placement of a temporary dwelling.
 - a. If city water, or other Group A water system, is used for the temporary dwelling, a letter from the water provider acknowledging they are able to provide water to two connections to the property is sufficient.
 - b. If well water is used, the following criteria must be true of the water supply:
 - i. Well log or acceptable equivalent showing sufficient gallons per minute; *and*
 - ii. Normal water quality test results (bacteria, nitrate, and arsenic) as tested by an Environmental Health Specialist.
 - c. In the event that a surface water source is being used, the water right issue will not be a basis for denial. No proof of water right is required for a temporary medical hardship.
2. **SEWAGE DISPOSAL:** a temporary dwelling's sewage disposal shall be connected to the existing onsite septic system or sanitary sewer outlet located on the property.
 - a. If public utilities are used for the property's sewage disposal system, a letter from the public entity acknowledging its ability to serve two connections on this property is sufficient.
 - b. If an onsite septic system (OSS) is the method of sewage disposal on the property, the following conditions must be met:
 - i. The existing system must be capable of serving both residences.
 - ii. The OSS serving the existing/permanent dwelling must be a conforming system for that dwelling and must be in compliance with Operations & Maintenance inspection requirements.
 - iii. If the existing OSS is not capable of serving both dwellings, the OSS shall be repaired, replaced, or upgraded to the satisfaction of Skamania County Community Development's Environmental Health Division prior to temporary dwelling approval.
 - iv. If the system cannot be repaired or upgraded, or if topography prohibits connection to the existing system, then a new OSS may be authorized for the temporary unit. When the temporary dwelling permit is no longer valid, the new system must be properly abandoned by a licensed OSS installer within ninety (90) days, unless the OSS will immediately be permitted for another use.
 - v. The temporary dwelling, once permitted, must be connected to the OSS by a licensed installer. The installer shall file an "as-built" drawing with Skamania County Community Development Department upon completion of the temporary dwelling OSS connection. An Environmental Health Specialist from the department will perform a site visit before the installer covers the new connection.

Section C: Health Ordinances for unzoned properties in Skamania County (SCC Section 8.68.040)

Temporary dwellings in areas of Skamania County that are unzoned must comply with the Health and Safety regulations outlined in 8.68.040 of the Skamania County Code.

1. Temporary dwelling applications for properties in unzoned areas of the county will be considered if both of the following criteria are met:
 - a. A family member has a medical condition that requires close family care by immediate family; and

- b. A written doctor's statement identifying the required care is provided to the department.
2. All standards laid out in **Section B** above must also be met during the application process.

Duration and Renewal

1. Duration of approved temporary dwelling permits in unzoned areas: Two (2) years.
2. Renewal of temporary dwelling permits in unzoned areas: Renewable every two (2) years until the medical condition changes and the temporary dwelling is no longer required. Once the medical condition ceases, the temporary dwelling must be disconnected from the sewage disposal system and water source and removed from the property within ninety (90) days.

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TEMPORARY DWELLING APPLICATION
(Please complete application in ink)

Applicant: _____ E-mail: _____

Address: _____ Home: ()

_____ Work: ()

Property Owner: _____ E-mail: _____

Address: _____ Home: ()

_____ Work: ()

Site Address: _____

Tax Lot/Parcel # _____ Lot Size: _____

Short Plat/Subdivision name: _____ Lot Number: _____

Check the application qualifications you are applying under:

- | | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Unzoned parcel (medical hardship only) | <input type="checkbox"/> Zoned parcel medical hardship |
| <input type="checkbox"/> Zoned parcel on which a dwelling intended for the owner's occupancy is being built or placed | <input type="checkbox"/> NSA parcel, NSA approval issued |

Description of proposal: _____

What is the size of the proposed RV or mobile home? _____

What is the model and year of the proposed RV or mobile home? _____

Who will be living in the temporary RV or mobile home? _____

How many residences are currently on the property? _____

Will the permanent and temporary residence share the existing road approach or driveway?

- Yes No, please explain

Is there enough room on the property to provide off-street parking for the temporary residence?

- Yes No

Water Supply:

- Existing New Public Water System (Name): _____
 Private Water System (please attach a copy of the private water system review)
 Spring Individual Well Shared Well (No. of homes served): _____

If proposing a new well for the temporary dwelling, please explain why a shared system is not feasible:

Sewage Disposal:

- Existing New Public Sewage System (Name): _____
- Share on-site septic system with main residence
- Individual, on-site septic system for the main residence and individual system for the temporary residence.

If proposing a new OSS for the temporary dwelling, please explain why a shared system is not feasible:

ADDITIONAL ITEMS REQUIRED IF APPLYING FOR A MEDICAL HARDSHIP:

Name of individual needing assistance: _____

Relationship to applicant: _____

Primary care provide name: _____

Attach written statement of medical condition certifying the need for continuous care by a family member.

NOTICE:

- To be accepted, the completed application must be accompanied by the temporary dwelling application fee of \$350.
- Signature of property owner(s) authorizes Community Development and other agency personnel reasonable access to the site in order to evaluate the application.
- The application will be evaluated as soon as possible. The amount of time to process your application will vary with the workload of this office. Applications are reviewed in the order in which they are received. You will be notified by mail of the results after completion. Your patience is appreciated.
- Once all required material is submitted as outlined above, the application will be reviewed for compliance with all applicable Skamania County regulations. Staff will evaluate the water source and existing OSS's capacity to serve the temporary dwelling through a record review and site visit.

Property Owner Signature(s)

Date

*Signature of property owner(s) authorizes the Community Development Department Staff and other Agency personnel reasonable access to the site in order to evaluate the application.

For Department Use Only:	Date received:
Physicians statement included: Yes / No	Fee:
File No.	Receipt #: