



**Marion County**  
OREGON

# CONDITIONAL USE APPLICATION

**RECEIVED**

JAN 31 2025

**Marion County  
Planning**

**Do not double-side or spiral bind any documents being submitted**

**Fee: Please check the appropriate box:**

- |  |  |
|--|--|
| <input type="checkbox"/> Conditional Use - \$1450                            | <input type="checkbox"/> Aggregate Site (non Goal 5) - \$3000+\$80/acre    |
| <input checked="" type="checkbox"/> Conditional Use Hardship - \$450         | <input type="checkbox"/> Amend Conditions/Permit - \$600                   |
| <input type="checkbox"/> Conditional Use Hardship Change of Occupant - \$120 | <input type="checkbox"/> Agri-Tourism Single Event - \$375                 |
| <input type="checkbox"/> Non-Farm Dwelling \$1930                            | <input type="checkbox"/> Agri-Tourism Max 6 Events - \$640                 |
| <input type="checkbox"/> UT Zone Replacement Dwelling - \$450                | <input type="checkbox"/> Agri-Tourism Max. 18 Events/Longer Duration-\$640 |
| <input type="checkbox"/> Conditional Use Home Occupation - \$770             |  |

APPLICANT(S): <u>Susan Maloch</u>	ADDRESS, CITY, STATE, AND ZIP:
APPLICANT(S) (if more than one): <u>James Hohnstern</u>	ADDRESS, CITY, STATE, AND ZIP: [REDACTED]
APPLICANT REPRESENTATIVE: <u>Susan Maloch</u>	ADDRESS, CITY, STATE, ZIP: [REDACTED]
DAYTIME PHONE (if staff has questions about this application): [REDACTED]	E-MAIL (if any): [REDACTED]
ADDRESS OF SUBJECT PROPERTY: <u>5028 Dumore Dr. SE Aumsville, OR. 97324</u>	SIZE OF SUBJECT PROPERTY: <u>22 ft long</u>
THE PROPERTY OWNERS OF THE SUBJECT PROPERTY REQUEST TO (summarize here; provide detailed information on the attached "Applicant Statement" page): <u>Keep trailer on property with permit.</u>	

**FOR OFFICE USE ONLY:**

Township <u>8S</u>	Range <u>2W</u>	Section <u>13B</u>	Application elements submitted:
Tax lot number(s) <u>400</u>			<input checked="" type="checkbox"/> Title transfer instrument
Zone: <u>AR-3</u>			<input checked="" type="checkbox"/> Site plan
Zone map number: <u>49</u>			<input checked="" type="checkbox"/> Applicant statement
Case Number: <u>25-010</u>			<input type="checkbox"/> GeoHazard Peer Review (if applicable) <u>N/A</u>
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural			<input checked="" type="checkbox"/> Physician's Certificate (if applicable)
			<input type="checkbox"/> Home Occ Supplemental (if applicable) <u>N/A</u>
			<input type="checkbox"/> Agri-Tourism Supplemental (if applicable) <u>N/A</u>
			<input checked="" type="checkbox"/> Filing fee
			Application accepted by: <u>JS</u> Set up by: <u>ACS</u>
Date determined complete:			Date: <u>2/4/2025</u>

**IF THIS IS FOR A CONDITIONAL USE HARDSHIP:**

WILL THE TEMPORARY DWELLING BE ( ) MANUFACTURED HOME OR (X) RV? Check one.

IF USING AN RV, DO YOU INTEND TO:

( ) CONNECT TO THE EXISTING SEPTIC SYSTEM OR (X) USE THE RV HOLDING TANK? Check one.

NAME OF PERSON(S) WITH MEDICAL HARDSHIP:

HE/SHE/THEY WILL RESIDE IN: ( ) PRIMARY DWELLING OR (X) TEMPORARY DWELLING

NAME OF CAREGIVER:

*Susan Maloch*

HE/SHE WILL RESIDE IN: ( ) PRIMARY DWELLING OR (X) TEMPORARY DWELLING

RELATIONSHIP OF CAREGIVER TO PERSON(S) WITH MEDICAL HARDSHIP:

*Friends*

WHAT TYPE OF ASSISTANCE WILL CAREGIVER PROVIDE:

*Driving to Appt., CASH FOR FOOD, LENT my car to him for Dr. Appt's & groceries taken to emergency several times.*

IF THERE ARE OTHER ADULTS THAT RESIDE OR WILL RESIDE IN THE DWELLING WITH THE PERSON(S) NEEDING CARE, PLEASE EXPLAIN WHY HE/SHE CANNOT BE THE CAREGIVER:

**THE APPLICANT(S) SHALL CERTIFY THAT:**

- A. If the application is granted the applicant(s) will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.
- B. I/We hereby declare under penalties of false swearing (ORS 162.075 and 162.085) that all the above information and statements and the statements in the plot plan, attachments and exhibits transmitted herewith are true; and the applicants so acknowledge that any permit issued on the basis of this application may be revoked if it is found that any such statements are false.
- C. I/We hereby grant permission for and consent to Marion County, its officers, agents, and employees coming upon the above-described property to gather information and inspect the property whenever it is reasonably necessary for the purpose of processing this application.
- D. The applicants have read the entire contents of the application, including the policies and criteria, and understand the requirements for approving or denying the application.

**PRINTED NAME AND SIGNATURE of each APPLICANT of the subject property.**

*Susan Maloch*

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

DATED this *21st* day of *Oct*, 20*24*



Susan has helped me in so many ways. her Friendship her Kindness, Financillie Rides To The hospital, Wal-mart- Doctors appointments.

I am one of millions of Americans who have fallen on hard Time. In turn I help Susan do chores on the property to earn my keep.

Jim C. Weinstein

As Friends We help  
each other

Jim was born with a hip disability. He limps and is in pain all the time.