

JACKSON COUNTY, OREGON

[AP-M37] rev. 04/29/05

This application is used for review of Measure 37 claims as provided for by ORS Chapter 197

MEASURE 37 DEMAND

Submit to: County Administrator's Office
10 S. Oakdale Ave., Room 214
Medford OR 97501

OFFICE USE ONLY

File N^o _____

App. Received by _____

Date Received _____

NOTE: The Claimant(s) must be all property owner(s) whose collective interests amount to fee simple title, their attorney, or agent duly authorized in writing. If a person other than the current property owner(s) is filing this claim, a notarized affidavit, letter of authorization or power of attorney must be submitted with this claim. For purposes of claim review, the Claimant Owner or Agent will be designated as the primary contact for purposes of communication, correspondence and notices pertaining to the claim.

Please print in black ink, or type all information, except where a signature is required.

CLAIMANT PROPERTY OWNER(S): OTHER PROPERTY OWNER(S):

Please list **all** owners with an interest in the property, or the authorized representative if a corporation.

Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Daytime Phone: _____	Daytime Phone: _____

AGENT:

An agent is not the Owner

Name or Names of Legal Owner(s) Jointly Filing Claim

Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Daytime Phone: _____	Daytime Phone: _____

Property Description: List all lots or parcels (contiguous) that are subject to this claim.

Township	Range	Section	Tax Lot	Acres	Date Acquired	Zone of Property On Date Acquired

Property Address(es): _____

1) Date of Acquisition (attach copy of document that transferred ownership, note County deed record instrument number if applicable): _____

2) Is the property in the same configuration as when it was acquired? ____ YES ____ NO

3) Zoning Map and Plan Map Designation(s) on Date of Acquisition by Current Owner:

4) Use requested (specify what you want to do with your land): _____

5) Has a land use regulation been enforced on your property that prevents the use(s) you described above? ____ YES ____ NO

a) List the land use regulation(s) that prevent the use(s) you specified (list specific local ordinances or State requirements, noting date of enactment): _____

6) Has Jackson County formally denied the use you specified above? ____ YES ____ NO

a) Please explain circumstances (describe land use permits sought, and outcome of applications): _____

7) List prior claims filed with Jackson County or the State of Oregon:

- 8) **Relief sought:** (Specify if you wish a land use regulation be modified, removed or not applied, or, whether compensation is desired. If compensation is requested, specify the dollar amount of relief sought.)

THE CLAIM APPLICATION MUST INCLUDE:

1. A completed, signed claim form (with additional sheets attached as necessary). If a person other than the owner(s) of the subject property is filing this claim, documentation must be provided as outlined on page one of this form.
2. A scaled site plan showing the location of all existing and proposed uses on the owner's property (a survey map of the property is recommended for use as a base map). A copy of any surveys recorded with the County can be obtained at the Surveyor's Office located on the third floor of the Courthouse Annex, Room 318A. Alternatively, a copy of the most recent assessment plat map showing the subject property may be used as a base to show existing and proposed uses.
3. Copies of all deeds or other records that document ownership and date of acquisition, including a copy of the last recorded deed for the subject property. This can be obtained from the County Recorder's Office located on the second floor of the Courthouse Annex, Room 216A. A copy of the acquisition title report may be submitted to fulfill this requirement.
4. A sworn statement indicating any other interests and encumbrances against the property, including but not limited to leases and encroachments, of which the claimant is aware or may have reason to believe exists (a title report may be substituted for this requirement).
5. A written statement addressing how the land use regulation enacted after property acquisition restricts the use of the property and the degree to which fair market value is affected. Explain why available land use processes cannot remedy the regulatory restriction.
6. A copy of any other document upon which the Claimant relies to support his/her claim. Such records may include copies of denied land use permit applications, enforcement citations or other evidence demonstrating the County has enforced land use regulations that restrict use of the property.

Note: *The Claimant has the burden of proof and must submit clear and convincing evidence to demonstrate they are entitled to have a land use regulation modified, removed or not applied or, monetary compensation under Measure 37. The claim will not be forwarded to the Board of Commissioners for action until County staff have determined that all necessary information has been submitted.*

Please Read and Initial the Statements Below:

_____ I/We understand Jackson County may notify nearby property owners of my/our claim and that the Board of Commissioners may conduct a public hearing prior to making any determination to modify, remove or not apply a land use regulation, or, to grant compensation.

_____ I/We understand any land use regulation modified, removed or not applied by Jackson County may include conditions of approval that may include, but not be limited to, filing a deed declaration regarding the means of obtaining a permit and the status of any use so permitted upon transfer of said use.

_____ I/We understand that a decision by Jackson County to modify, remove or not apply its local land development regulations does not relieve me/us of the responsibility of seeking a remedy from the State of Oregon if the local regulations modified, removed or not applied by the County are also contained in State law or administrative rules.

_____ I/We understand that should my/our claim be determined to be invalid or denied by Jackson County, I/we shall be billed and are responsible for the County's actual costs incurred in reviewing and acting upon the claim. It is understood that the County Administrator is further authorized to initiate legal proceedings, using either County Counsel or other legal counsel, on behalf of the County to recover the County's costs for claims which have been declared invalid or denied. *[Board of Commissioners Ordinance No. 2005-2, effective April 17, 2005]*

NOTICE:

In recognition that all land-use planning authority of Jackson County derives from the laws and administrative rules of the State of Oregon, it is the policy of the County to advise individuals seeking a Measure 37 remedy, to file simultaneous claims against the State of Oregon in accordance with procedures established by law.

I/WE, THE UNDERSIGNED OWNER(S) OR AUTHORIZED AGENT, AFFIRM BY MY/OUR SIGNATURE(S) THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION AND ASSOCIATED SUBMISSIONS IS TRUE AND CORRECT.

Dated this _____ day of _____, 20____.

All Owner Signatures Must Be Notarized

CLAIMANT OWNER:

Print Name	Signature
STATE OF OREGON)	
) ss	
County of Jackson)	

Signed or attested before me this _____ day of _____, 20____, by _____.

Notary Public for Oregon
My Commission Expires: _____

OTHER PROPERTY OWNER:

Print Name	Signature

STATE OF OREGON)
) ss
 County of Jackson)

Signed or attested before me this _____ day of _____, 20_____, by
 _____.

 Notary Public for Oregon
 My Commission Expires: _____

OTHER PROPERTY OWNER:

Print Name	Signature

STATE OF OREGON)
) ss
 County of Jackson)

Signed or attested before me this _____ day of _____, 20_____, by
 _____.

 Notary Public for Oregon
 My Commission Expires: _____

OTHER PROPERTY OWNER:

Print Name	Signature

STATE OF OREGON)
) ss
 County of Jackson)

Signed or attested before me this _____ day of _____, 20_____, by
 _____.

 Notary Public for Oregon
 My Commission Expires: _____

AGENT:

Print Name

Signature

STATE OF OREGON)
) ss
County of Jackson)

Signed or attested before me this _____ day of _____, 20_____, by
_____.

Notary Public for Oregon
My Commission Expires: _____

COST-PLUS BILLING ACCEPTANCE

M37 CLAIM TRACKING NUMBER: _____

Property Location: T____ R____ S____ TAX LOT(S) _____
T____ R____ S____ TAX LOT(S) _____

Property Owner/Agent must read the following and sign before a claim can be processed:

If your claim is denied, you will be billed for the cost of processing this claim (BoC Ordinance No. 2005-2, effective April 17, 2005). The County Administrator shall maintain a record of the County's costs in processing a claim, including staff, legal and appraisal costs, and the costs of obtaining necessary information required which an owner does not provide to the County. In the event that the Board of Commissioners denies a claim, the County Administrator shall send to the owner a bill for the actual costs incurred by the County in reviewing and acting on the claim.

Dear County Administrator:

I have read the above notice of possible occurrence of costs. I agree to pay the full amount billed for the actual costs incurred by the County in reviewing and acting on my claim in the event that my claim is denied. I understand that the County Administrator is authorized to initiate legal proceedings on behalf of the County to recover the County's actual costs should I not pay the amount billed in full in a timely manner.

Dated this _____ day of _____, 20_____.

Claimant/Agent

Property Owner (**REQUIRED***)

**Owner executed Power of Attorney may be substituted*

STATE OF OREGON)
) ss
County of Jackson)

Signed or attested before me this _____ day of _____, 20_____,
by _____.

Notary Public for Oregon

My Commission Expires: _____



Administrator's Office
10 South Oakdale Ave., Room 214
Medford OR 97501-2902

LETTER OF AUTHORIZATION

LET IT BE KNOWN THAT _____
Has Been Retained to Act as Agent to Submit a Measure 37 Compensation Demand form for My
Property Identified Below.

(Address or Road)

AND DESCRIBED IN THE RECORDS OF JACKSON COUNTY AS:

TOWNSHIP _____, RANGE _____, SECTION _____, TAX LOT(S) _____
TOWNSHIP _____, RANGE _____, SECTION _____, TAX LOT(S) _____
TOWNSHIP _____, RANGE _____, SECTION _____, TAX LOT(S) _____

THE COSTS OF THE ABOVE ACTIONS, WHICH ARE NOT SATISFIED BY THE AGENT, ARE THE
RESPONSIBILITY OF THE UNDERSIGNED PROPERTY OWNER.

APPLICANT:

SIGNATURE: _____ DATE: _____
PRINTED NAME: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____ FAX: _____

PROPERTY OWNER:

This authorization is for the Measure 37 Compensation Demand form only.

SIGNATURE: _____ DATE: _____
PRINTED NAME: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____ FAX: _____

AGENT:

SIGNATURE: _____ DATE: _____
PRINTED NAME: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____ FAX: _____



PLOT PLAN INSTRUCTIONS

The map can be drawn on white paper which is either 8 ½ x 11 or 8 ½ x 14 inches in size.

If another size is used, applicant must provide one copy of 8 ½ x 11 inches.

INDICATE:

1. Shape and dimensions of your property must be accurately drawn. Show the acreage of the parcel. Draw the property lines in a solid black line and label adjacent public roads, if any.
2. Label map with township, range, section and tax lot number; north arrow; direction of slopes; and map scale (1" = 20', 1" = 100', or scale necessary to provide the most detail on one sheet of paper).
3. Location of proposed and/or existing building(s) - stating distances to property lines. Proposed construction can be indicated by dashed lines.
4. Location and direction of all water courses and drainage ways (such as intermittent streams, creeks, irrigation canals, etc.), as well as the location of the 100-year floodplain, if applicable.
5. The dimensions and capacities of existing sewage disposal facilities.
6. The proposed location of waste lines and sewage disposal facilities.
7. The proposed location of the water well and water lines.
8. The proposed location of soil test pits, even if backfilled, from the site evaluation. Show useable area as shown on the soil worksheet.
10. Address sign must be posted at main road access and entrance to property. Show where on map.

MINIMUM SETBACKS:

100 feet from well to any drainfield or approved septic area

50 feet from well to any septic tank, effluent or sewer line

5 feet from house to septic tank

10 feet from house to drainfield

5 feet from septic tank to drainfield

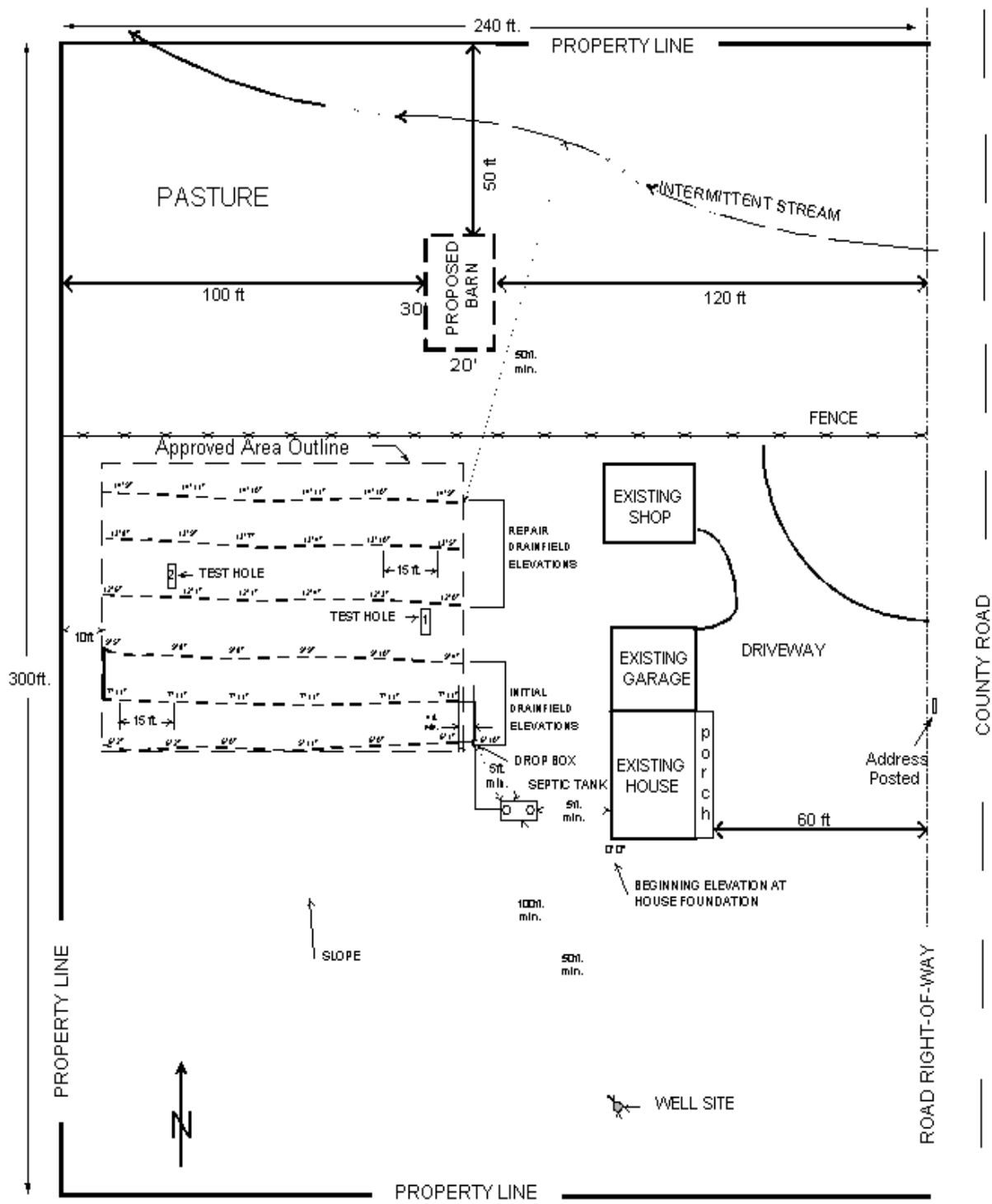
10 feet from property line to drainfield

ALL ZONING SETBACKS TO BE MET

APPLICATION MUST BE SUBMITTED WITH ACCURATE PLOT PLAN

SEE EXAMPLE ON BACK

EXAMPLE PLOT PLAN



SCALE: 1 inch=40 feet

33 - 1W - 17 - 3500

SHOW SCALE (1 inch= ? feet)

← → SHOW DISTANCE

0'0" SHOW ELEVATION [tenths of a foot may substitute for inches]

NEIGHBOR'S WELL