

City of Sebastopol

TEMPORARY CARE UNIT STANDARDS AND CHECKLIST

A Temporary care unit is a recreational vehicle, tiny home, park trailer, or other temporary structure used as a temporary dwelling unit associated with providing care to one or more persons due to an agerelated, health, or medical condition. The dwelling may be used by the person(s) providing care or by the person(s) needing care, as allowed by the Sebastopol Municipal Code Section 17.225. This handout may also be utilized as guidance for Temporary Dwelling Units allowed as part of a Recovery Combining District (SMC 17.48.030(H)) that may be adopted by the City Council to facilitate reconstruction in the case of a natural disaster.

Temporary care units may be allowed only in residential districts, subject to the standards of the Sebastopol Municipal Code, including applicable height, yard, and setback standards as described below. However, temporary care units are exempt from the parking requirements.

Procedure:

A temporary care unit requires a Temporary Use Permit. The temporary use permit is limited to one year but may be renewed for six-month extensions if there is a continued demonstration of need provided at each extension request.

Requirements:

To ensure safety and to minimize any potential nuisances to neighbors there are several items that may present challenges to this request:

- 1. Demonstrate need. To approve a temporary care unit staff requires a medical recommendation from a licensed physician (similar documentation may be accepted at discretion of Planning Director).
- 2. Floodplain. The temporary care unit <u>cannot be in a floodplain</u>.
- 3. Adequate room on-site. The temporary care unit is required to provide a minimum setback of 5' from the side and rear property lines and 20' from the front property line. Additionally, if grading, retaining walls or removal of protected trees are proposed the property may not be physically suited for the use.
- 4. Emergency access. Emergency access to the temporary care unit and other structures is required.
- 5. Utility connections. The temporary care unit is required to connect with the existing utilities for the residence as follows:
 - a. Residences may be required to bring their utilities up to current building code requirements.
 - b. Properties that do not have a sewer cleanout will be required to install one.
 - c. Sewer connections shall be protected from rainwater intrusion and be vapor sealed.
 - d. Water connections shall require a backflow/back siphon protection device.
- 6. Setbacks. The temporary care unit shall provide a minimum rear and side yard setback of 4' from the property line. Temporary care units are prohibited in the front yard.

- 7. Upon receiving Planning approval and all other necessary permits the Fire Department will require a Fire & Life safety inspection, showing the following working devices in the care unit:
 - a. Working Smoke Detectors in each bedroom and hallway
 - b. Working Carbon Monoxide Detector in the hallway (can be Combo Smoke/Carbon Monoxide)
 - c. Fully charged 5lb ABC Fire Extinguisher

Applying for a Temporary Care Unit:

The submittal information shall be provided to the Planning Department. All submittal information shall be presented along with the Master Planning Application form, related fees, and any additional information required by the Planning Department before the application can be accepted as complete.

Upon receipt of this information the Planning Department has 30 days in which to determine if the application is complete.

<u>Size Limit:</u> Plans shall not be larger than 30"x42" trimmed. All plans shall be collated and folded into a 9"x11" size. Unfolded plans will not be accepted.

<u>Scale</u>: the scale used on submittal plans shall generally be at 1/8'' = 1'0'' for architectural plans, 1'' = 20' for site engineering plans. <u>Include a north arrow, the scale and a bar scale on all plans</u>.

		(# of copies)
	Master Planning Application Form:	(1)
	Completed and signed by applicant and property owner.	
	Location Map:	(1)
	Indicate the subject parcel(s) and adjacent streets on an 8.5" by 11" map.	
	Written Statement:	(1)
	1. Statement shall include: 1) A description of the proposal; 2) A description	
	of current use and conditions; 3) Shall demonstrated the need for the	
	temporary care unit (medical recommendation from a licensed physician	
	(similar documentation may be accepted at discretion of Planning	
	Director); and 4) Provide a detailed explanation of how the temporary	
	caretaker unit will be connected to the utilities (water, electricity and	
	sewer).	
	Specification Sheet or Model information:	(1)
	Staff requires a spec sheet or information regarding the size (length and width) and	
	height of the temporary care unit, and make/model number for manufactured	
	units/tiny homes/RVs, etc	
	Site Photographs:	(1)
	Clearly show the views of and from the project, including neighboring	
	development. Include a key map indicating where the pictures were taken from	
	and in what direction they were taken. Label the pictures accordingly. Digital	
	photos on a CD, flash drive, drop box, google drive, etc. are acceptable.	
PRO	JECT PLANS	
	Site Data:	(4)
	A site data table shall be provided on the cover sheet or site plan and is required to	
	identify the following information:	
	1. Zoning District	

SUBMITTAL REQUIREMENTS

(# of copies)

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		2.	Use: Existing and proposed uses.		
		3.	Number of units: provide the existing and proposed number of residential		
			units or existing caretaker units (if applicable).		
		4.	Building Floor Area: Proposed sq. ft. of temporary care unit.		
		5.	Height: Proposed height of temporary care unit.		
		6.	Setbacks: Proposed and required setbacks.		
		7.	Trees: Number of trees proposed for removal and to be planted (removal		
			of trees is highly discouraged for temporary uses; regulated trees will		
			require a tree removal permit).		
		Site Pla	an:	(4)	
	Site plans of the project shall be scaled, fully dimensioned, accurately drawn,				
		include a north arrow, scale and a bar scale on all plans. The plans shall contain the			
		following basic information listed below.			
		1.	Legal Boundaries: Identify all boundary lines, easements (identify size and		
			type), rights-of-way, trails, paths, utility poles, etc.		
		2.	Setbacks: Identify all required setbacks on the plans.		
		3.	Buildings/Structures: Identify all existing and proposed buildings and		
			structures. This should include all retaining walls, storage sheds and other		
			accessory structures. Include the outside dimensions, height (ground to top		
			of roof), location and use.		
		4.	Streets, Driveways and Parking: Identify existing and proposed streets		
			(public and private), driveways, and off-street parking spaces.		
		5.	Tree protection: The site plan shall identify all trees by species and trunk		
			diameter that have development or construction activities proposed within		
			driplines. The plans shall clearly identify trees proposed to be removed		
			with an "X". A separate Tree Protection Plan may be required if the unit is		
			to be located near any regulated trees.		
		6.	Creeks: Identify "top of bank" and required 30-foot setback, if applicable.		
		7.	Utilities: Identify existing and proposed utilities and connection locations		
			(water, sewer and electricity).		
14 +1			uestions regarding the submittal requirements please contact the Planning		

If there are any questions regarding the submittal requirements, please contact the Planning Department at (707)823-6167

Notes:

Modifications to the onsite electrical will require a permit from the Building Department.

Upon placement of the Temporary Care Unit a Final Inspection will be required by the Planning Department, Fire Department, and Public Works Department.

Certification of Application Submittal

I, the undersigned applicant, have read this application for a development permit and certify that the information, drawings and specifications checked above and submitted herewith are true and correct to the best of my knowledge and belief and are submitted under penalty of perjury.

Applicant's	Signature
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Date

Staff Use only:

Received By: _____

Submittal Date: _____