

BEFORE THE HEARINGS OFFICER
KLAMATH COUNTY, OREGONIN THE MATTER OF CUP 13-90 FOR RIMA/NIMMO
TO ESTABLISH A "HORSEKEEPING" FACILITY

ORDER

1. NATURE OF THE REQUEST:

The applicant wishes to establish a facility for boarding stables, riding arena and accessory uses.

This request was heard by the Hearings Officer April 20, 1990 pursuant to Ordinance 44 of the Land Development Code. The request was reviewed for conformity with Land Development Code Section 51.019 C and O.R.S. 215.243.

2. NAMES OF THOSE WHO PARTICIPATED:

The Hearings Officer in review of this application was Richard C. Whitlock. The applicant, Ron Rima, appeared and offered testimony in support of the application. The Planning Department was represented by Kim Lundahl, Senior Planner. The recording secretary was Leanne Mitchel.

3. LEGAL DESCRIPTION:

The property under consideration is 106 acres in size, located in portions of sections 15 & 22, Township 33 S, Range 7 1/2 E W.M.. Generally located northwest of Hwy 62 at the Wood River Bridge. East of Fort Klamath.

4. RELEVANT FACTS:

A. The property was legally created prior to the adoption of the current Land Development Code.

B. Size of parcel: 106 acres.

C. Farm Assessment/Deferral

The subject parcel is assessed as farmland.

D. Property Owner: The applicants

E. Present Land Use: Livestock grazing

F. Number of Dwellings: 1

G. Site Soils: S.C.S. L.C.C. Class III

H. Topography: Level

I. Surrounding Land Use: Agriculture in all compass directions

J. Fire Protection: Chiloquin/Agency Lake R.F.D. 12.7 miles distant with a response time of 30 minutes

K. Access: Hwy 62, Crater Lake Hwy

5. FINDINGS:

All evidence submitted as the staff report, exhibits b-f, and offered testimony show that the approval criteria as set out in Code section 51.019 C has been satisfied. The Hearings Officer finds this application;

1. Does not interfere seriously with accepted farming practices on adjacent lands devoted to farm use because:

The proposed use will not interfere as the use, a "horsekeeping" facility is authorized without C.U.P. in the zone if restricted to animals of the owner and is in all ways complimentary to Agricultural uses. The Hearings Officer finds the proposed use is surrounded by existing agricultural uses of a similar nature and parcel size to that proposed by the applicant. The Hearings Officer further finds that the proposed use will enhance area commercial agricultural uses. The Hearings Officer finds that any increase in insects or animal waste will be negligible given the present use of the land for cattle grazing.

2. Is situated upon generally unsuitable land for the production of farm crops and livestock, because:

The proposed use would be located between the existing house, outbuildings and the Wood River. The Hearings Officer finds this parcel size unsuitable for commercial agricultural use due to its small size. The Hearings Officer finds the proposed use, a "Horsekeeping" facility, will be a benefit to the Agricultural land bases for Klamath County and the State of Oregon.

3. The access will not interfere with accepted farm practices on surrounding land because;

The access is existing and does not traverse or border commercial agricultural use. Applicants shall be required to obtain final authorization from the State Highway Division for the access onto State Highway 62.

6. ORDER:

Therefore, it is ordered the request of Rima/Nimmo for C.U.P. 13-90 is approved subject to the condition that applicants shall obtain authorization from the Highway Division for the access onto Highway 62.

DATED this 26th day of April, 1990

Richard C. Whitlock

Richard C. Whitlock, Hearings Officer

NOTICE OF APPEAL RIGHTS

You are hereby notified that this application may be appealed to the Klamath County Board of Commissioners by filing with the Klamath County Planning Department a Notice of Appeal as set out in Section 33.004 of the Klamath County Land Development Code, together with the fee required within ten days of the date of mailing of this decision.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County the 1st day
of May A.D., 19 90 at 9:48 o'clock AM., and duly recorded in Vol. M90,
of Deeds on Page 8110.

Evelyn Biehn - County Clerk
By Quelene M. Melendore

FEE none

Return: Commissioners Journal

66588

I.D. TAG NO.

161

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

CAUSE OF

DEATH

15

16

17

1. DECEDENT'S NAME First: Vestle May Last: EDWARDS		2. SEX F	3. DATE OF DEATH (Month, Day, Year) April 19, 1990
4. SOCIAL SECURITY NUMBER 540-34-0022	5a. AGE - Last Birthday (Years) 80	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Milled, Missouri
7. DATE OF BIRTH (Month, Day, Year) January 27, 1910		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9c. COUNTY OF DEATH Klamath		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife	
10b. KIND OF BUSINESS/INDUSTRY Homemaking		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Elmer C.		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 2327 Vine Avenue		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
17. FATHER - NAME first middle last Richard - Coffelt		18. MOTHER - NAME first middle maiden Nellie - Pickett	
19. INFORMANT - NAME and relationship to decedent Elmer C. Edwards, husband		20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, OR 97603	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William J. Davenport		21b. LICENSE NUMBER (Of Licensee) 47-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) APR 19 1990	
24. REGISTRAR'S SIGNATURE Nancy Kennedy		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 0650 A M	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) Gerald B. Hartmann	
30. DATE SIGNED (Month, Day, Year) April 19, 1990		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Gerald B. Hartmann, MD, 2604 Clover, Klamath Falls, Oregon 97601	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of death, e.g., Cardiac or Respiratory Arrest)	
34. (a) DUE TO, OR AS A CONSEQUENCE OF: Stroke		35. (b) DUE TO, OR AS A CONSEQUENCE OF:	
36. (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Legal Intervention		39. DATE OF INJURY (Month, Day, Year)	
40. TIME OF INJURY M		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

HE SIGNED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED APR 27 1990

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Elmer Edwards
of May A.D. 19 90 at 9:48 o'clock AM., and duly recorded in Vol. M90
of Deeds on Page 8113

FEE \$8.00

Return: Elmer Edwards

2327 Vine, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk

By Pauline Mueller