

BEFORE THE HEARINGS OFFICER  
KLAMATH COUNTY, OREGONIN THE MATTER OF CUP 1-91 FOR SUE PUCKETT  
TO ESTABLISH A RESIDENCE  
NOT IN CONJUNCTION WITH FARM USE

ORDER

1. NATURE OF THE REQUEST:

The applicant wishes to establish a residence not in conjunction with farm use on 11.9 acres east of Chiloquin, east of the Sprague River at the junction of the Sprague River and Williamson River Highways. This request was heard by the Hearings Officer February 8, 1991 pursuant to Ordinances 44 and 45. The request was reviewed for conformity with Land Development Code Sections 54.060 and O.R.S. 215.243.

2. NAMES OF THOSE WHO PARTICIPATED:

The Hearings Officer in review of this application was Neil D. Smith. Mrs. Puckett appeared and offered testimony in support of the application. The Planning Department was represented by Kim Lundahl, Senior Planner. The recording secretary was Karen Burg, Administrative Secretary.

3. LEGAL DESCRIPTION:

The property under consideration is located in section 21 Township 34S Range 8E W.M.. T.A. 3408-21C-200

4. RELEVANT FACTS:

The property is within the Agriculture plan designation and has an implementing zone of EFU-CG. The property fronts an improved easement Rd., is 11.9 acres in size and is not under farm tax deferral.

Access to the property is provided by user maintained roads.

The property has not been evaluated for subsurface sewage feasibility, and that issue is not before the Hearings Officer at this time.

The Land Use Capability Classification of the property is Class IV.

The property is rated Class V for timber productivity.

The properties surrounding this property are found NOT devoted to commercial

agricultural production. The zoning is the same as the subject property, EFU-CG.

Surrounding residential use includes eight homes within a two-mile radius. The property is within a structural fire protection district, and the proposed dwelling will be within a response time of 15-20 minutes.

#### 5. FINDINGS:

All evidence submitted as the staff report, exhibits b-d, and offered testimony show that the approval criteria as set out in Code section 54.060 and O.R.S. 215.243 have been satisfied. The Hearings Officer finds this application;

##### 1. Is compatible with farm use because:

The project site is legally and ownership divided from adjacent properties. The project site is found not to be devoted to commercial agricultural use and the conversion to such would be impractical because of the parcel size. The Hearings Officer finds that the use of the remnant parcel as a homesite compatible with potential agricultural use because the applicant has demonstrated that no conflict will result from the conversion of this 11.9 acre property from vacant to residential use. Historically, there has been no agricultural use of the property.

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

The properties to the north, south and east are found NOT to be engaged in commercial agriculture. These properties are found devoted to rural lifestyle homes on equivalent area parcels. The Sprague River is the west property boundary. The property in question is found to be of little resource value due to its location, topography, soils limitations and size which is far below the minimum lot size (80 acres) thought to represent a viable agricultural property.

The permit holder has volunteered as a condition of this approval to file a

restrictive covenant which will prohibit the permit holder and successors in interest from filing complaint concerning reasonable farming practices on adjacent lands.

3. Does not alter the stability of the overall land use pattern of the area because:

The overall land use of the area is long established to rural/vacation/retirement lifestyle and will not be compromised by the conversion of an adjacent parcel to a non-farm use. The land use pattern of the area will not be modified and will be perpetuated by this permit.

4. Is situated upon generally unsuitable land for the production of farm crops and livestock, considering the terrain, adverse soil or land conditions, drainage and flooding, vegetation, location, and size of the tract because:

The existing parcel is 11.9 acres in size. The Hearings Officer finds this parcel size unsuitable for commercial agricultural use due to its size, poor soils, micro-climate and topography. The impact of removing this marginal value land from the County farmland base is found to be insignificant.

5. Complies with other conditions felt necessary, because;

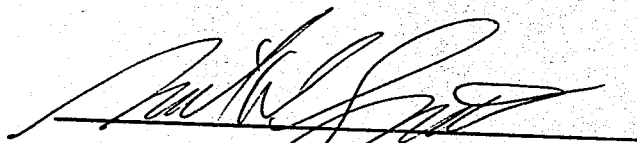
The property is within a structural fire protection district. The potential exists that a new residential use could cause a structural fire spreads to adjacent lands. Accordingly, the Hearings Officer finds the requirements set out in L.D.C. in concert with the structural fire protection provided by the Fire District, will protect the resource land base that could result from any possible fire hazard posed by the non-farm residence.

**6. ORDER:**

Therefore, it is ordered the request of Sue Puckett for C.U.P. 1-91 is approved subject to the following conditions:

1. The applicant shall file a restrictive covenant with the County Clerk prohibiting the permit holder and their successors in interest from filing complaint concerning accepted resource management practices that may occur on nearby lands.
2. The Conditional Use Permit shall not be final nor shall a building permit for a non-farm dwelling be issued under this order until the applicant provides the Planning Department with evidence that the lot or parcel upon which the dwelling is proposed to be located has been disqualified for valuation at true cash value for farm use and that any additional tax penalty imposed by the County Assessor has been paid.

DATED this 8th day of February, 1991



Neil D. Smith, 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 Article 33 of the Klamath County Land Development Code, together with the fee required within seven days following the mailing date of this order.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County the 11th day  
of Feb A.D., 1991 at 4:19 o'clock P M., and duly recorded in Vol. M91  
of Deeds on Page 2530

FEE none

Evelyn Biehn County Clerk

By Evelyn Biehn

Return: Commissioners Journal

067377

I.D. TAG NO.

444

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

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1. DECEDENT'S NAME<br>First: <u>Norma</u><br>Middle: <u>-</u><br>Last: <u>KIDD</u>  |  | 2. SEX<br><u>F</u>  |  | 3. DATE OF DEATH (Month, Day, Year)<br><u>January 29, 1991</u>  |  |
| 4. SOCIAL SECURITY NUMBER<br><u>291 20 6586</u>   |  | 5a. AGE - Last Birthday (Years)<br><u>63</u>  |  | 5b. Under 1 Year<br>Mo. <u>-</u> Days <u>-</u>  |  |
| 6. BIRTHPLACE (City and State or Foreign)<br><u>Cleveland, Ohio</u>   |  | 7. DATE OF BIRTH (Month, Day, Year)<br><u>August 10 1927</u>  |  |   |  |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 9a. PLACE OF DEATH (Check only one)<br><input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) |  |   |  |
| 9b. FACILITY NAME (If not institution, give street and number)<br><u>Bay Area Hospital</u>  |  | 9c. CITY, TOWN, OR LOCATION OF DEATH<br><u>Coos Bay</u>   |  | 9d. COUNTY OF DEATH<br><u>Coos</u>  |  |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)<br><u>housewife</u>  |  | 10b. KIND OF BUSINESS/INDUSTRY<br><u>own home</u>   |  | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><u>married</u>  |  |
| 12. SPOUSE (If Married, Widowed)<br><u>John</u>   |  |   |  |   |  |
| 13a. RESIDENCE - STATE<br><u>Oregon</u>   |  | 13b. COUNTY<br><u>Coos</u>  |  | 13c. CITY, TOWN, OR LOCATION<br><u>Lakeside</u>   |  |
| 13d. STREET AND NUMBER<br><u>447 Stanley Lane</u>   |  |   |  |   |  |
| 14a. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | 14b. ZIP CODE<br><u>97449</u>   |  | 14c. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |  |
| 15. RACE American Indian, Black, White, etc. (Specify)<br><u>white</u>  |  | 16. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (10-12) <u>8</u> College (1-4 or 5+)  |  |   |  |
| 17. FATHER - NAME first middle last<br><u>Thomas Wolf</u>   |  | 18. MOTHER - NAME first middle maiden<br><u>Sophia Lampert</u>  |  | 19. DECEASED - NAME and relationship to decedent<br><u>John Kidd, husband</u>   |  |
| 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)<br><u>Bonanza Memorial Park</u>   |  | 20c. LOCATION - City or Town, State<br><u>Bonanza, Oregon</u>   |  |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN SUCH CAPACITY<br><u>[Signature]</u>  |  | 21b. LICENSE NUMBER (Or License)<br><u>3060</u>   |  | 22. NAME, ADDRESS AND ZIP OF FACILITY<br><u>Davenport's Chapel</u><br><u>6420 S. 6th St Klamath Falls, Or 97603</u>   |  |
| 23. DATE FILED (Month, Day, Year)<br><u>February 1, 1991</u>  |  | 24. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>   |  |   |  |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A   |  | 26. WAS GIFT MADE?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A  |  |   |  |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN   |  |   |  |   |  |
| 27. TIME OF DEATH<br><u>1310</u> M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  | 28. WAS MEDICAL EXAMINER NOTIFIED?<br><input checked="" type="checkbox"/> Yes <input 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.<br>(Signature) <u>[Signature]</u>   |  |   |  |   |  |
| 30. DATE SIGNED (Month, Day, Year)<br><u>1/30/91</u>  |  |   |  |   |  |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br><u>Oded Z. Shulsinger, MD, 1900 Woodland Dr., Coos Bay, OR 97420</u>  |  |   |  |   |  |
| 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 dying, e.g. Cardiac or Respiratory Arrest.   |  |   |  |   |  |
| (a) <u>VENTRICULAR FIBRILLATION</u>   |  | Interval between onset and death  |  |   |  |
| (b) <u>ACUTE MI</u>   |  | Interval between onset and death  |  |   |  |
| (c)   |  | Interval between onset and death  |  |   |  |
| 34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.   |  | 35. Did tobacco use contribute to the death?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk  |  | 36. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 37. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention |  | 38. DATE OF INJURY (Month, Day, Year)<br><u>M</u>   |  | 39. TIME OF INJURY<br><u>M</u>  |  |
| 40. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)  |  | 41. DESCRIBE HOW INJURY OCCURRED  |  |   |  |
| 42. LOCATION (Street and Number or Rural Route Number, City or Town, State)   |  |   |  |   |  |

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

DATE ISSUED

FEB 06 1991

G. R. Bassett, M.D.  
COUNTY REGISTRAR  
COOS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of John Kidd the 11th day  
of Feb. A.D., 19 91 at 4:21 o'clock P.M., and duly recorded in Vol. M91  
of Deeds on Page 2534Evelyn Biehn - County Clerk  
By [Signature]

FEE \$8.00

Return: John Kidd c/o Gail Hubble  
3950 Homedale #54, Klamath Falls, Or. 97603