



City of Tigard
 COMMUNITY DEVELOPMENT DEPARTMENT
Emergency Shelter Siting Form

Note: All applications under this program are subject to the provisions of House Bill 3395 (2023) as codified in the Oregon Revised Statutes and any associated administrative rules adopted by the state.

APPLICANT INFORMATION

Organization: _____

Applicant is:

Local government Housing Authority Religious Corporation

Public benefit corporation Non-profit

Mailing address: _____

City/State: _____ Zip: _____

Applicant's Representative: _____

Phone: _____ Email: _____

REQUIRED SUBMITTAL ELEMENTS

- Narrative statement
- Site plan (see Note 1)
- Interior plan (see Note 2)
- Incorporation documents showing 501(c)(3) status granted prior to Jan 1, 2018
- Proof of Ownership/ Authorized Representative

PROPERTY INFORMATION

Name of property owner: _____

Location (address if available): _____

Tax map and tax lot numbers: _____

NOTE 1 - SITE PLAN

Site plan must include the following:

- Building footprint
- Emergency vehicle ingress and egress
- Sewer and water line locations – existing or proposed
- Sewer and water line locations – existing or proposed

NOTE 2 - INTERIOR PLAN*

Interior plan must include the following:

- Exterior walls and all existing or proposed demising walls
- Labels clearly indicating the intended use (sleeping, restroom, office, etc.) and square footage of each interior room

* Interior plans are only required for permanent structures. Interior plans not required for shelters such as safe lots and pod villages.

NARRATIVE STATEMENT

Attach a separate narrative that addresses each item below.

1. If the applicant is a public benefit corporation, provide a statement of the organization's charitable purpose including support of homeless individuals.
2. If the applicant is not a local government, provide a statement of the organization's experience operating a shelter for unhoused individuals for not less than two years prior to the application.
3. If the applicant is a non-profit, provide a separate letter of intent from a local government, housing authority, religious corporation, or public benefit corporation stating the intent to operate the proposed shelter through a partnership.
4. Provide a description of the services to be provided onsite, including the number of people to be served and the number of people accommodated in sleeping facilities. Include a description of all ancillary uses to shelter services, including but not limited to sanitation facilities; storage of personal property; laundry facilities; service of food prepared on-site or off-site; recreation areas or activities for children and pets; case management services for housing, financial, vocational, educational or physical or behavioral health care services; and any other services incidental to shelter.
5. If the proposal includes a new building, provide a statement and sufficient analysis to demonstrate that the building is not sited within an area designated under a statewide planning goal relating to natural disasters and hazards, including flood plains, mapped environmental health hazards, or lands designated as sensitive lands under the Tigard Community Development Code, unless the development complies with regulations directly related to the hazard, or applied for and received a Sensitive Lands Review approval.
6. Provide a statement on the adequacy of transportation access to commercial and medical services.
7. Provide a statement demonstrating that the use will not pose any unreasonable risk to public health or safety.

I certify that to the best of my knowledge, all the information provided in this application, including all information in the narrative statement, is true and accurate as of the date provided opposite my signatures below.

Property owner signature

Print Name

Date

Property owner signature

Print Name

Date

APPLICANTS

It is the responsibility of the applicant to separately apply for and receive all building permits and necessary approvals and inspections. **Any approval is contingent on issuance of a valid building permit, if required, and the facility meeting applicable building code.**

STAFF USE ONLY

Received by: _____ Date: _____ Approved by: _____ Date: _____