

CITY OF HERMISTON

CONDITIONAL USE PERMIT APPLICATION

Pursuant to the provisions of 157.205 of the Hermiston Code of Ordinances, application is hereby made for a conditional use permit for the following described property:

Applicant's Name: Good Shepherd Health Care System Date: February 8, 2024
Address: 610 NW 11th Street, Hermiston, Oregon 97838 Phone: 541-667-3412 (Daytime)

Property Owner(s) Name (If Different):
Address: Phone: (Daytime)

Legal Description of Property: Assessor's Map No: 4N 28 10B Tax Lot No: 200

Comprehensive Plan Designation: C Zoning Designation: C-2

Current Use of Property: Hospital with existing heliport.

Request to Allow: Construction of a hangar and crew quarters for the helicopter and staff from Life Flight Network that provide the emergency medical services to the hospital and its patients.

IMPORTANT!: Oregon's Land Use Planning Laws and 157.208 of the Hermiston Code of Ordinances require the planning commission to make findings of facts with regard to requests for conditional use permits. The findings provide justification to either approve or deny the application. Read the questions that follow and answer them as completely as you can; use additional sheets if necessary. Your responses will be used by the City to make findings and evaluate the merits of your request. The chances of a successful application depend upon the adequacy of the arguments you present to justify approval of the application.

1. The proposal is in conformance with the comprehensive plan and zoning ordinance. Explain fully: Yes, see detailed discussion in Sections III and IV of the attached application materials.

2. The property is adequate in size and shape to accommodate the proposed use, together with all other zoning requirements and any additional conditions imposed by the planning commission. Explain fully: Yes, see discussion on the fifth page of Section III of the attached application.

3. Public facilities are of adequate size and quality to serve the proposed use. Explain fully:

Yes, see discussion on the fifth page of Section III of the attached application.

4. The proposed use will prove reasonably compatible with surrounding properties. Explain fully:

Yes, see discussion on the fifth page of Section III of the attached application.

ADDITIONAL INFORMATION TO BE FURNISHED AND ATTACHED TO APPLICATION:

- 1) Evidence that applicant is owner or purchaser of the property or has written permission of such owner to make an application for the proposed use.
- 2) Two copies of a site plan (11" x 17") drawn to scale, showing the location of the property concerned, the location of all proposed or existing building(s), highways, streets and alleys.

The above statements are true to the best of my belief and knowledge. As applicant, I understand that the planning commission requests my attendance, or the attendance of my representative, at the meeting(s) where this request is scheduled for consideration and may grant or deny this request based upon the testimony provided at the hearing.

I am the owner/ owner(s) authorized representative. (If authorized representative, attach letter signed by owner.)

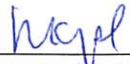
Applicant's Signature:  Date: 02/12/2024

OUT OF POCKET EXPENSES FOR MAILING AND PUBLICATION COSTS WILL BE BILLED LATER

NOTE: The Hermiston Planning Commission meets the second Wednesday of the month. Because of public notice requirements and time constraints, this application must be returned to City Hall no less than four weeks prior to the public hearing date. For further information, please feel free to contact the planning department at the Hermiston City Hall, 180 N.E. 2nd Street, Hermiston, OR 97838, or telephone (541) 667-5025. The City's fax number is (541) 567-5530.

=====

OFFICE USE ONLY

Date Filed: 2-14-24 Received By:  Meeting Date: 3-13-24
 Fee: \$800.00 Date Paid: 2-15-24 Receipt No: 7-000281