

Council Action Sheet



To: City Council

From: Lisa Scholl, Deputy City Recorder

Date: December 7, 2022

Subject: Recommendation for Denial of Animal Facility License

Background

Michele King, located at 60002 Ridgeway Loop, applied for an Animal Facility License because she has four dogs. SHMC 6.04.040(5)(a)(ii) states that "No single-family residence shall contain more than three adult dogs and one litter of puppies under six months of age." However, the Code does allow for an Animal Facility License in this case.

Code Enforcement Officer Medina and Police Officer Coy conducted an inspection of the site and determined that King should not be granted an Animal Facility License because she is not in compliance with City Ordinances and there is a potential risk to Public Safety.

Recommendation

Code Enforcement Officer Medina recommends denial of the request for an Animal Facility License.

Attachments:

- SHMC Ch. 6.04.080 Animal Facility Licensing
- Animal Facility License Application
- Inspection Report
- Incident Detail Reports

6.04.080 Animal facility licensing.

An animal facility shall require a license from the city, and no such animal facility may lawfully be operated except upon application and payment of prescribed fees for the license. It shall be unlawful for any person to own or have custody of any animals as defined in SHMC [6.04.040\(5\)\(b\)](#).

(1) License Issuance.

(a) Issuance of an animal facility license shall require compliance with land use regulations and permits as required by federal law, state statutes, and city ordinances.

(b) Exhibitions or parades of wildlife, dangerous animals, livestock or exotic animals may be conducted only upon securing a special date-specific permit from the city and complying with any directions set forth by the St. Helens police department.

(2) License Approval. Approval, denial or revocation of animal facility licenses shall be under the authority of the city council.

(3) Facility Inspection. An officer shall inspect any animal facility for which the license is sought, to determine whether the facility and its operation complies with all applicable provisions of this chapter and other applicable state and federal laws. The officer shall issue a written review of the site including any written statements from neighbors whose property borders the site.

(4) Facility Requirements. In addition to any requirements outlined in subsection (3) of this section, an officer inspecting the facility must be convinced that the animals housed in the facility will not represent a threat to the safety of the public. The officer may require any animals currently housed within to be removed for the city in a timely and reasonable manner, until such time that an animal facility license is approved.

(5) License Application. Application for an animal facility license shall be made upon forms furnished by the city and shall include all information required therein and shall be accompanied by the review of the animal facility site by an officer and payment of the required fee. Fees may be refunded if the animal facility license is denied, but not if the license is issued and later revoked. A refund request shall be in writing to the city recorder. An inspection to verify that your property is in compliance with this chapter may be conducted.

(6) Proof of Liability Insurance. An applicant for a license must demonstrate satisfactory proof to respond in damages for bodily injury or death of any person or for damage to any property, which may result from the keeping, owning or control of the animal. The city council may require posting of an adequate bond or proof of liability insurance to remain in effect during any license period.

(7) Licensing Term. An animal facility license shall be valid for two years, beginning on the date the animal facility license is approved by the city council.

(8) Licensing Display. A copy of the license shall be conspicuously displayed on the facility premises. The original must be presented upon request by an officer.

(9) License Inspection. A holder of a license may be inspected at any time during their licensing period and shall keep available for inspection by any city representative or officer a record of the name, address and telephone number of the owner of each animal kept at the facility, the date each animal was received, the purpose for the animal being kept, the name and address of the person from whom the animal was purchased or received, and a description of each animal including age, breed, sex and color, and the animal's veterinarian, if known.

(10) Animal Identification. Any animals removed from the licensed animal facility must bear identification either directly on the animal, if not contained, or on the animal's container.

(11) License Revocation. An animal facility license may be denied or revoked by the city council for failure to comply with any of the provisions of this chapter, or for furnishing false information on an application for a license. If any application for a license is denied, or revoked, the applicant may appeal the denial or revocation to the court. The court's determination shall be final.

(12) License Exceptions. The provisions of this section do not apply to animals owned by a licensed research animal facility, housed by a government operated or licensed animal shelter, or a retail pet store business. (Ord. 3179 § 2, 2014; Ord. 3130 §§ 2, 3, 2010; Ord. 2733, 1996; Ord. 2725 § 8, 1996)

City of St. Helens

265 Strand Street • St. Helens, OR 97051 • 503-397-6272

Application Fee: \$40.00

Animal Facility License Application


St. Helens Municipal Code Chapter 6.04

If you own any of the following inside the city limits, you must have an Animal Facility License:

- More than 3 adult dogs; or
- More than 3 adult dogs and one litter of puppies; or
- More than 3 adult hens and/or ducks and 6 chicks or ducklings under 9 weeks; or
- More than 3 adult rabbits and/or 1 litter of bunnies under 9 weeks; or
- An exotic animal

Complete the application and return to the above address with the fee, copies of your dogs' licenses and a copy of your homeowners insurance. You must list each animal separately in the space provided below that you intend to keep at your facility. Your facility, including perimeter fence if required, must be inspected before your application will be forwarded to the City Council for action. The Police Department will contact you within 10 days of application to schedule an inspection. The application fee is \$40 for a two year license and must be renewed prior to expiration.

If your application is denied, you have two options to obtain compliance: 1) You meet the requirements for an animal facility license; or 2) you have only allowed animals on your property. Once you can prove that you are in compliance for a license, we can seek approval by the City Council. If you have eliminated the need for an animal facility license, you may request a refund of the application fee.

Address at which animal(s) will be kept:				
Applicant Information			Alternate Contact/In Case of Emergency	
Name: <u>Michele R. King</u>			Name: <u>Sandon King</u>	
Mailing address: <u>60002 Ridgeway Loop</u>			Mailing address: <u>same</u>	
City/State/Zip: <u>Saint Helens OR 97051</u>			City/State/Zip: _____	
Cell ph: _____			_____	
Home: _____			_____	
Email: _____			_____	
List each animal to be kept at the above address (attach additional paper if more than 6 animals)				
Species/Breed	Name	Sex	Age	County Dog License Expiration Date
1. <u>Min Pin</u>	<u>Bailey</u>	<u>F (S)</u>	<u>5 YRS</u>	<u>9/29/23</u>
2. <u>Min Pin</u>	<u>Barron aka Bear</u>	<u>M (N)</u>	<u>2 YRS</u>	<u>11/30/24</u>
3. <u>Min Pin</u>	<u>Baxter</u>	<u>M (N)</u>	<u>1 YR</u>	<u>3/20/23</u>
4. <u>Min Pin</u>	<u>Bella</u>	<u>F</u>	<u>1 YR</u>	<u>11/30/23</u>
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
Veterinarian Information				
Name: <u>Columbia Vet Clinic</u>			Phone: <u>503-397-1928</u>	
Address: <u>150 15th St.</u>			City/State/Zip: <u>Saint Helens OR 97051</u>	
Liability Insurance Information				
Agent's Name: _____				
Insurance Com: _____				
Attach a copy of the policy indicating applicant is covered while maintaining the described animal(s). 				

10 lbs
20 lbs
11 lbs
7 lbs

AUTHORIZATION

I, Michele King, understand that I am applying for an animal facility license to keep the above listed animal(s) at 60002 Ridgeway Loop, St. Helens, Oregon. I have read Municipal Code Chapter 6.04 Animal Control Code, and fully understand my obligation as an animal owner and facility operator and agree to comply with the Code and applicable county, state and federal laws. I further understand that this license, if approved, is valid for a period of two years and must be renewed prior to expiration.

Michele R King
Applicant Signature

11/15/22
Date Signed

FOR OFFICE USE ONLY		
Date received: <u>11/15/22</u>	Officer assigned: <u>C.O.E. Medina</u>	Date forwarded to City Recorder: <u>11/23/22</u>
Received by: <u>Lisa</u>	Date/Time of inspection: <u>11/18/22</u>	Council meeting date: <u>12/7/22</u>
Receipt No.: <u>R00170408</u>	Officer recommendation:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Dated forwarded to PD: <u>11/15/22</u>	<input type="checkbox"/> Approve <input checked="" type="checkbox"/> Deny	If approved, date license issued:
Forwarded by: <u>Lisa</u>		Expiration date:

NOV 23 2022

**ST. HELENS POLICE DEPARTMENT**

150 S. 13th Street, St. Helens Oregon 97051
Office (503)397-3333 FAX (503)397-0619

CITY OF ST. HELENS

Brian Greenway
Chief of Police

On Friday, 11/18/2022 at approximately 15:50 hours, Officer Coy and I met with Michele King at her residence at 60002 Ridgeway Loop, St. Helens, OR 97051 to conduct a prescheduled Animal Facility License Application inspection. This inspection is to ensure the premise is in compliance with Ordinance 6.04.080, OAR 609.415, OAR 609.420, OAR 603-015-0025 through 603-015-0065. Included with her application was her liability insurance rider information from Allstate Insurance (Policy #) and information regarding where they seek veterinary care for their animals, Columbia Veterinary Clinic.

Michele's home is a single-family home in a residential neighborhood. Michele explained that the facility license is to allow more than 3 dogs at her residence as she would like to, and currently does, have 4.

Michele pointed out that the shared mailbox for the neighborhood is on the sidewalk in front of her house. She said that neighbors frequently park streetside in front of her house to pick up their mail. She said many neighbors have complained about her dogs barking and attacking them.

I responded to a call at Michele's address on 10/27/2022 at 11:35AM. The reporting party on this call who resides at 59972 Ridgeway Loop told dispatch that two of Michele's dogs were loose and tried to bite him. He also stated that Michele became confrontational during this incident.

OAR 603-015-0040 (subsection 4) requires that indoor animal facilities have "storage of equipment and to protect food and bedding from vermin infestation and contamination." While performing the inspection, Michele showed us her back deck. Michelle stated that she lets the dogs onto the deck frequently. There was a small dog bed placed on the deck, which was dirty, unkempt, and directly exposed to the elements. There was also a small kiddie pool on the same deck which was partially filled with dirty water and debris from the trees. This presents a hazard for the health and welfare of the dogs.

I also noted that the deck had a gap at the bottom of the railing, which leaves it unsecure for the smaller sized dogs. They could easily escape and move down to the yard, which is not fenced. Due to the previous calls regarding the dogs being aggressive with neighbors, this is a major concern for public safety.

OAR 603-015-0040 (subsection 5) requires that "Provision for the removal and disposal of excreta, bedding, dead animals, shall be made. Disposal facilities shall be constructed and operated in such manner as to minimize disease hazards, offensive odors, and vermin infestation." During our inspection, Michele showed us the area of the house (near the entry way) which she stated the dogs spent the majority of their time at. I saw that there were multiple tarps placed on the floor, covering most of that room. The room smelled very strongly of urine and excrement. I saw that there were stains on the carpet in the areas of the floor which were not covered. I saw that there were "potty training" pads in multiple rooms of the house. Most of these pads were soaked in urine and/or feces and every room had an overwhelming odor of urine.

St. Helens Municipal Code 6.04.080 subsection 4 states that: "In addition to any requirements outlined in subsection (3) of this section, an officer inspecting the facility must be convinced that the animals housed in the facility will not represent a threat to the safety of the public. The officer may require any animals currently housed within to be removed for the city in a timely and reasonable manner, until such time that an animal facility license is approved."

The animal's food bowls, and water bowls were directly on the floor and not lifted which presents a health hazard for the animals.

Based on my observations, and the complaints from neighbors regarding the aggression of the dogs, I believe the dogs represent a danger to the public, the facility does not meet the requirements of OAR, and the facility license should not be approved.

Please reference Incident OP220045243 for the animal complaint Joseph West submitted to Dispatch. Also refer to Incident OP220048264 regarding the follow up call from the animal complaint.

Code Enforcement Officer

A handwritten signature in black ink, appearing to read 'Everardo Medina', with a stylized flourish at the end.

Everardo Medina

Incident Detail Report

Data Source: Data Warehouse
Incident Status: Closed
Incident number: OP220045243
Case Numbers:
Incident Date: 10/27/2022 11:34:36
Report Generated: 11/23/2022 16:36:10

Incident Information

Incident Type:	SERVICE	Alarm Level:	
Priority:	P4	Problem:	ANM - ANIMAL COMPLAINT
Determinant:		Agency:	PD
Base Response#:		Jurisdiction:	Columbia PD
Confirmation#:		Division:	St Helens PD
Taken By:	LELOFF, JEROD	Battalion:	St Helens PD
Response Area:	O STP O CRFR 71 1	Response Plan:	SHPD
Disposition:	S1 - CANNOT LOCATE PERSON	Command Ch:	
Cancel Reason:		Primary TAC:	
Incident Status:	Closed	Secondary TAC:	
Certification:	PD Call	Delay Reason (if any):	
Longitude:	122829824	Latitude:	45865740

Incident Location

Location Name:		County:	COLUMBIA O
Address:	59972 Ridgeway Loop	Location Type:	
Apartment:		Cross Street:	STEINKE DR/SKYLINE DR
Building:		Map Reference:	NOT FOUND
City, State, Zip:	ST HELENS OR		

Call Receipt

Caller Name:	JOSEPH WEST	Call Back Phone:	
Method Received:		Caller Location:	
Caller Type:		Caller Location Phone:	
Caller Address:		Caller Apartment:	
Caller Building:		Caller County:	
Caller City, State, Zip:			

Time Stamps

Description	Date	Time	User	Elapsed Times	Description	Time
Phone Pickup	10/27/2022	11:34:31				
1st Key Stroke	10/27/2022	11:34:36			Received to In Queue	00:00:57
In Waiting Queue	10/27/2022	11:35:33			Call Taking	00:04:21
Call Taking Complete	10/27/2022	11:38:57	LELOFF, JEROD		In Queue to 1st Assign	00:03:33.0
1st Unit Assigned	10/27/2022	11:39:06			Call Received to 1st Assign	00:04:35.0
1st Unit Enroute	10/27/2022	11:39:06			Assigned to 1st Enroute	-00:00:00.
1st Unit Arrived	10/27/2022	11:48:58			Enroute to 1st Arrived	00:09:52.7
Closed	10/27/2022	12:01:57	Mobile1		Incident Duration	00:27:26

Resources Assigned

Unit	Primary Flag	Assigned	Disposition	Enroute	Staged	Arrived	At Patient	Delay Avail	Complete	Odm. Enroute	Odm. Arrived	Cancel Reason
730	Y	11:39:06	S1 - CANNOT LOCATE PERSON	11:39:06		11:48:58			12:01:57			

Personnel Assigned

Unit	Name
730	MEDINA-ATRISTAIN, EVERARDO (60242)

Caution Notes

No Caution Notes found

Pre-Scheduled Information

No Pre-Scheduled Information

Transports

No Transports Information

Transport Legs

No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
10/27/2022	11:35:10	53916	Response		[1] DOG LIVES 3 HOUSES TO RIGHT/LIGHT BLUE IN COLOR
10/27/2022	11:35:20	53916	Response		[2] AGGRESSIVE DOGS POSS 5-6
10/27/2022	11:35:27	53916	Response		[3] 2 WERE LOOS THIS AM AND ATTEMPTED TO BITE RP
10/27/2022	11:36:06	53916	Response		[4] FEM BECAME CONFRONTATIONAL
10/27/2022	11:37:35	53916	Response		[5] CAUSING ISSUES FOR ELDERLY NBRS NOT BEING ABLE

10/27/2022	11:37:40	53916	Response		TO CHECK MALE
10/27/2022	11:38:46	53916	Response		[6] *CHECK MAIL*
		MEDINA-			[7] RP AVAIL FOR CONTACT IF NEEDED
10/27/2022	12:01:48	ATRISTAIN, EVERARDO	Response	Y	[8] 730 - stp00001 - House Problem is 60002 with possible 5-6 dogs at location. Nobody at house at the time. I left call back notice at house

Address Changes
No Address Changes

Priority Changes
No Priority Changes

Alarm Level Changes
No Alarm Level Changes

Activity Log

Date	Time	Radio	Activity	Location	Log Entry	User
10/27/2022	11:35:32		Problem Nature		Incident problem nature changed from <Blank> to ANM - ANIMAL COMPLAINT~PD	53916
10/27/2022	11:35:34		Query Sent	59972 Ridgeway Loop	Location Query sent for address 59972 Ridgeway Loop, ST HELENS	QS
10/27/2022	11:35:34		Incident Transfer	59972 Ridgeway Loop	Incident has been has been transferred, fusion ID 635acf76e675e06cc7d71379	C2C1
10/27/2022	11:38:57		UserAction		User clicked Exit/Save	53916
10/27/2022	11:39:06	730	Dispatched	59972 Ridgeway Loop		730
10/27/2022	11:39:06	730	Enroute	59972 Ridgeway Loop	Responding From = S 1ST ST\ST HELENS.	730
10/27/2022	11:48:58	730	Arrived	59972 Ridgeway Loop		730
10/27/2022	11:58:58		Incident Late		Active incident marked as late	
10/27/2022	12:00:07	730	Reset System Timer	RIDGEWAY LOOP\STEINKE	[Timer] Reset System Timer [Reset Reason] Status Check [Next Late Check Time] 10/27/2022 12:05:06	55312
10/27/2022	12:01:56	730	Response Closed	59972 Ridgeway Loop	Response Disposition: S1 - CANNOT LOCATE PERSON	730
10/27/2022	12:01:57	730	Disposition	59972 Ridgeway Loop	S1 - CANNOT LOCATE PERSON	730
10/27/2022	12:01:57	730	Available	59972 Ridgeway Loop	Unit Cleared From Incident OP220045243	730

Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	Workstation	User
10/27/2022	11:34:31	Agency Name		PD	(Response Viewer)	Incident	C911-3	53916
10/27/2022	11:34:39	Address	(Blank)	59972 RIDGE	New Entry	Response_Master_Incident	C911-3	53916
10/27/2022	11:34:40	Jurisdiction		Columbia PD	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:34:40	Division		St Helens PD	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:34:40	Battalion		St Helens PD	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:34:40	Response_Area		O STP O CRFR 71	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:34:40	ResponsePlanType0		1	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:34:40	Address	59972 RIDGE	59972 RIDGEWAY LOOP	Entry Selected/Returned from GeoLocator	Response_Master_Incident	C911-3	53916
10/27/2022	11:34:40	City		ST HELENS	Updated City	Response_Master_Incident	C911-3	53916
10/27/2022	11:34:40	Latitude	0	45865740	Entry Selected/Returned from GeoLocator	Response_Master_Incident	C911-3	53916
10/27/2022	11:34:40	Longitude	0	122829824	Entry Selected/Returned from GeoLocator	Response_Master_Incident	C911-3	53916
10/27/2022	11:35:32	Problem		ANM - ANIMAL COMPLAINT	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:35:32	Response_Plan		SHPD	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:35:32	DispatchLevel		PD ROUTINE	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:35:32	ResponsePlanType0		1	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:35:32	Priority_Description		P4		Response_Master_Incident	C911-3	53916
10/27/2022	11:35:32	Priority_Number	0	4		Response_Master_Incident	C911-3	53916
10/27/2022	11:35:32	Incident_Type		SERVICE	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:35:32	Certification_Level		PD Call	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:35:35	Pickup_Map_Info		NOT FOUND		Response_Transports	C911-3	53916
10/27/2022	11:35:35	Map_Info		NOT FOUND		Response_Master_Incident	C911-3	53916

10/27/2022	11:36:10	Caller_Name	JOSEPH WEST	(Response Viewer)	Response_Master_Incident	C911-3	53916
10/27/2022	11:36:20	Call Back Phone		(Response Viewer)	Incident	C911-3	53916
10/27/2022	11:36:21	Call_Back_Phone		(Response Viewer)	Response_Master_Incident	C911-3	53916

Custom Time Stamps

No Custom Time Stamps

Custom Data Fields

No Custom Data Fields

Attachments

No Attachment