



**Shelter Operator**

[Light blue horizontal bar]

Name of Shelter Operator:

[Light blue horizontal bar]

Shelter Operator Contact Name:

[Light blue horizontal bar]

Shelter Operator Mailing Address:                      City                      State                      ZIP

[Light blue horizontal bar]

Phone Number

[Light blue horizontal bar]

Email address:

[Light blue horizontal bar]

Number of years' experience operating an emergency shelter:

**Title Holder**

[Light blue horizontal bar]

Name of Shelter Operator:

[Light blue horizontal bar]

Shelter Operator Contact Name:

[Light blue horizontal bar]

Shelter Operator Mailing Address:                      City                      State                      ZIP

[Light blue horizontal bar]

Phone Number

[Light blue horizontal bar]

Email address:

## **Section II: Shelter Requirements**

Is this new construction?

Yes No

Do you have a pending building permit application?

Yes No

Permit Number(s):

Oregon House Bill 3395 (2023) requires that emergency shelters must meet the following criteria in order to operate:

1) Does the proposed shelter contain sleeping and restroom facilities for clients?

Yes No

2) Does the proposed shelter comply with applicable building codes?

Yes No

3) Is the proposed shelter located within the Urban Growth Boundary?

Yes No

4) Will the proposed shelter result in a new structure sited within an area designated under a statewide land use planning goal relating to natural disasters and hazards (e.g. flood plains or mapped environmental health hazards) unless the development complies with regulations directly related to the hazard?

Yes No

5) Does the proposed shelter have adequate transportation access to medical and commercial services?

Yes No

6) Does the proposed shelter pose any unreasonable risk to public health or safety?

Yes No

\*\* For information on the Urban Growth Boundary and the natural hazards described in requirement #4, visit [bit.ly/FlorenceZoningMap](http://bit.ly/FlorenceZoningMap). This tool works the best in a desktop browser (non-mobile). For additional assistance, please contact the City of Florence Community Development Department.

### **Section III: Documentation and Certification**

Please provide a narrative statement which addresses the following questions:

1. How the applicants experience and plans for shelter operations demonstrate “best practices for operating an emergency shelter.”
2. Other services to be provided onsite, including number of people anticipated to be served, general site layout details, plans for sanitation, garbage, health and safety, and description of access to transportation and services.
3. How the proposal meets all requirements of Section 3 of HB 2006. If you do not provide sufficient information for the City to determine if all requirements will be met, the City may not deem your application complete until sufficient information is submitted. Any approval is contingent on issuance of a valid building permit, if required, and the facility meeting applicable building code.

Please attach the following documents:

1. A diagram of the facility indicating sleeping and restroom areas and areas for other services identified in narrative statement.
2. A Site Plan showing the building location, access for emergency vehicles and clients, existing water and sewer connections, or intended locations if these systems are not currently connected on site, and other relevant information.
3. Email or other correspondence from Western Lane Fire & EMS Authority (WLFEA) indicating that emergency vehicles can safely access the proposed site. The Fire District can be contacted at (541) 997-9116.
4. Email or other correspondence from the City of Florence Community Development Department that acknowledges that there has been a discussion and that it is reasonably likely that the proposed shelter(s) can meet building code after further discussion. Inquiries should be directed to Wendy Farley Campbell, Community Development Director at wendy.farleycampbell@ci.florence.or.us and (541) 997-8237.
5. If the land is not owned by the applicant, a statement from the property owner and/or the lease document that shows agreement with the planned use.
6. A proposed capital and operations budget for the shelter, including descriptions of the funds that have been secured, applied for, and any needed funds not yet secured.

#### **Self-certification – I certify that:**

- I will ensure compliance with applicable building codes, and provide copies of any applicable building permit approvals associated with this application.
- This facility will not pose unreasonable health and safety issues.
- This facility will be providing adequate access to emergency services and for residents to access commercial/medical services.
- The information provided in this application is accurate to the best of my knowledge.

Sign here: \_\_\_\_\_

Date:

*Printed Name / Position Title / Organization Name*