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2/17/03

# Seaside Planning Department Land Use Application



Office: 503-738-7100

E-mail: [CDAAdmin@CityofSeaside.us](mailto:CDAAdmin@CityofSeaside.us)

Fax: 503-738-8765

Mailing Address: 989 Broadway Seaside, OR 97138

Physical Address: 1389 Avenue U Seaside, OR 97138

Name of Applicant: Carolyn J. Marcotte Address: 7733 SW Willowbottom Way, Durham, OR 97224 Zip Code: 97224  
~~7733 SW Willowbottom Way, Durham, OR 97224~~  
 Street Address or Location of Property:  
521 S. Franklin St. Seaside, OR 97138

|                   |               |                      |                    |                         |                          |
|-------------------|---------------|----------------------|--------------------|-------------------------|--------------------------|
| Zone<br><u>R3</u> | Overlay Zones | Township<br><u>6</u> | Range<br><u>16</u> | Section<br><u>21 AC</u> | Tax Lot<br><u>177 01</u> |
|-------------------|---------------|----------------------|--------------------|-------------------------|--------------------------|

## Proposed Use of Property and Purpose of Application:

The primary use is a personal residence. We would like to supplement our income and use it as a vacation rental.

(Attach additional pages if necessary.)

| Owner                                                         | Applicant/Representative (Other than Owner)                               |
|---------------------------------------------------------------|---------------------------------------------------------------------------|
| Print Name of Property Owner:<br><u>Carolyn J. Marcotte</u>   | Print Name of Applicant/Representative:<br><u>Beth A. Marcotte-Fulton</u> |
| Address:<br><u>7733 SW Willowbottom Way, Durham, OR 97224</u> | Address:<br><u>500 N. Holladay Dr. Seaside, OR 97138</u>                  |
| Phone:<br><u>503-639-5470</u>                                 | Phone:<br><u>503-866-8661</u>                                             |
| E-mail:<br><u>marcottecarolyn@gmail.com</u>                   | E-mail:<br><u>Fulton1960@aol.com</u>                                      |
| Signature of Property Owner:<br><u>Carolyn J. Marcotte</u>    | Signature of Duly Authorized Applicant/Representative:                    |

## FOR OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE.

- |                                                  |                                                   |                                                     |                                                                                         |
|--------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Conditional Use         | <input type="checkbox"/> Non-Conforming           | <input type="checkbox"/> Subdivision                | <input type="checkbox"/> Zoning Code Amendment                                          |
| <input type="checkbox"/> Landscape/Access Review | <input type="checkbox"/> Planned Development      | <input type="checkbox"/> Temporary Use              | <input type="checkbox"/> Zoning Map Amendment                                           |
| <input type="checkbox"/> Major Partition         | <input type="checkbox"/> Property Line Adjustment | <input checked="" type="checkbox"/> Vacation Rental | <input type="checkbox"/> PC <input type="checkbox"/> PD <input type="checkbox"/> Appeal |
| <input type="checkbox"/> Minor Partition         | <input type="checkbox"/> Setback Reduction        | <input type="checkbox"/> Variance                   | <input type="checkbox"/> paid                                                           |

| Planning Department Use                     |               |
|---------------------------------------------|---------------|
| Date Accepted as Complete:<br><u>3-6-23</u> | By: <u>JF</u> |
| File Number: <u>22-010 VRD</u>              |               |
| Hearing Date: <u>N/A</u>                    | P.C. Action:  |

| Office Use                 |                           |                |
|----------------------------|---------------------------|----------------|
| Fee: <u>430</u>            | Receipt: <u>18692</u>     |                |
| Date Filed: <u>2/17/23</u> | Time Filed: <u>4:00pm</u> | By: <u>Ann</u> |

# Vacation Rental Dwelling Property Information



VRD Address: 521 S. Franklin St. Seaside Oregon 97138

1. TOTAL NUMBER OF BEDROOMS: 1
2. TOTAL NUMBER OF OFF-STREET PARKING SPACES: 2
  - a. VRDs are required to have a minimum of two parking spaces (each space must be 9'x18') plus one additional space for each bedroom in the dwelling over two bedrooms.
3. OCCUPANCY REQUESTED (OVER THE AGE OF THREE) : 3
  - a. To calculate your maximum occupancy, multiply the number of bedrooms by 3. If the number of parking spaces is less than the number of bedrooms, calculate your occupancy by multiplying the number of parking spaces by 3.
4. DO THE REQUIRED OFF-STREET PARKING SPACES TAKE UP MORE THAN 50% OF THE VRD'S REQUIRED YARD AREAS?  
Yes \_\_\_\_\_ No X
5. DO YOU HAVE ANY OWNERSHIP IN ANY ADDITIONAL PROPERTIES IN THE CITY OF SEASIDE?  
Yes \_\_\_\_\_ No X  
If yes what are the property addresses? \_\_\_\_\_
6. DO YOU HAVE OWNERSHIP IN ANY OTHER SHORT-TERM RENTALS? Yes \_\_\_\_\_ No X  
If yes, what City/County/State are they located in? \_\_\_\_\_
7. WHO WILL BE THE LOCAL CONTACT FOR YOUR VRD?  
(Your local contact must reside within Clatsop County.)  
Name Beth Fulton Address 500 N. Holladay 24-hr Phone 503-866-8661
8. ATTACH SCALE DRAWINGS OF YOUR SITE PLAN, FLOOR PLAN, AND PARKING MAP.

By signing this application, the applicant acknowledges that if the request requires review by the Planning Commission (Seaside Zoning Ordinance 6.137E), additional Planning Commission review fees may apply and the applicant or a duly authorized representative must attend the Public Hearing. The applicant has answered these questions truthfully and to the best of their knowledge and the applicant understands that omitting information on this application could be grounds for denial of their request for VRD Conditional Use Permit.

Applicant Signature: Beth A. Marcotte-Fulton Date: 2-17-23

Printed Name: Beth A. Marcotte-Fulton

51 S. Franklin

Yard Area  
Calculation

Scale:  
1" = 10'

↑ N

North Property Line 103'-2"

South Property Line 90'

12'-8"

Garage

20'-0"

Deck

27'-8"

11'-0"

21'-3"

10'-8"

19'-0"

Dwelling

24'-4"

33'-0"

Driveway

30'-0"

Front  
Porch

14'-10"

South Franklin

West Property Line 50'

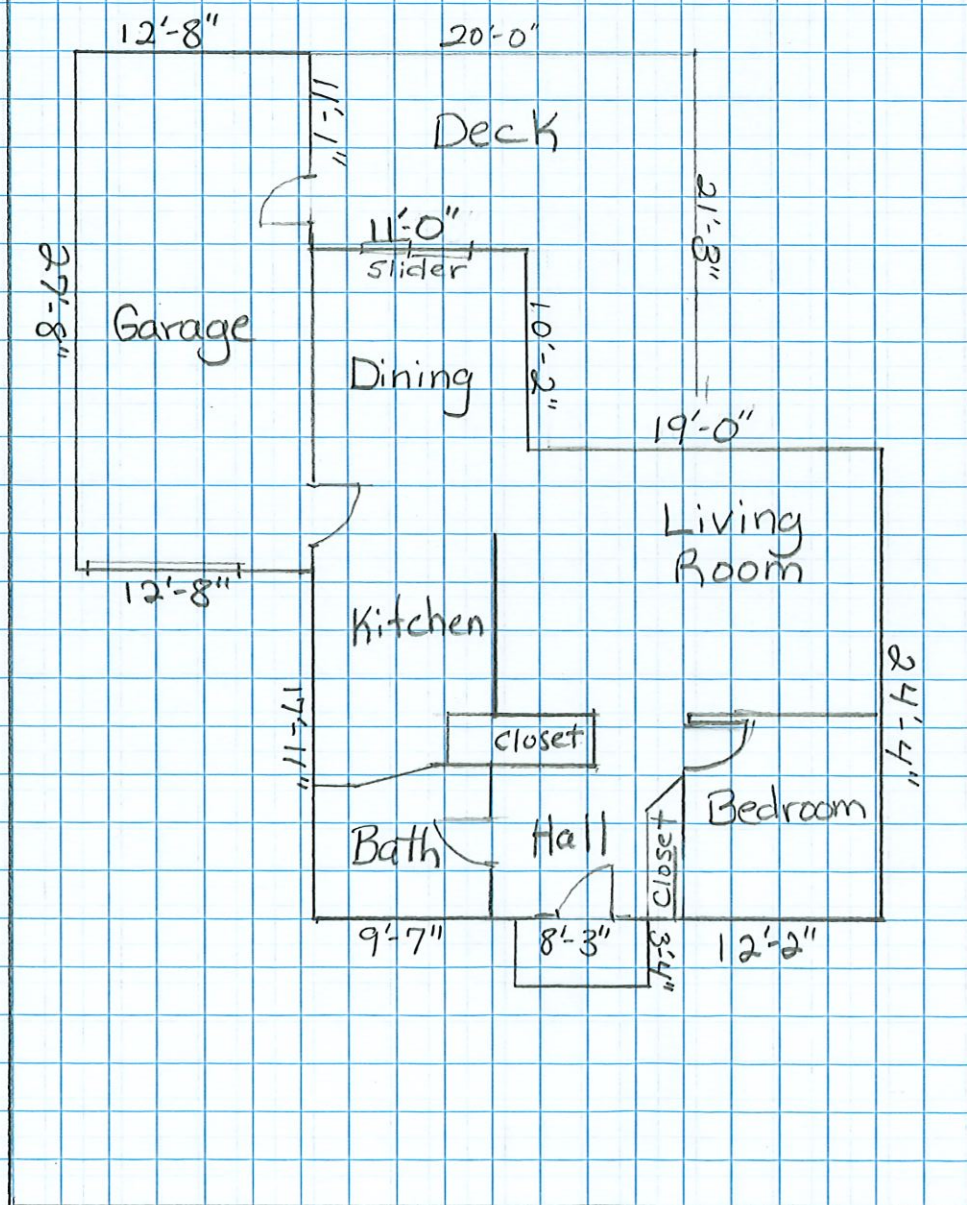
Avenue E

521 S. Franklin

# Floor Plan

Scale: 1" = 10'

←N



521 S. Franklin

**Site Plan**

Necanicum River

East Property Line

Scale:  
1" = 10'

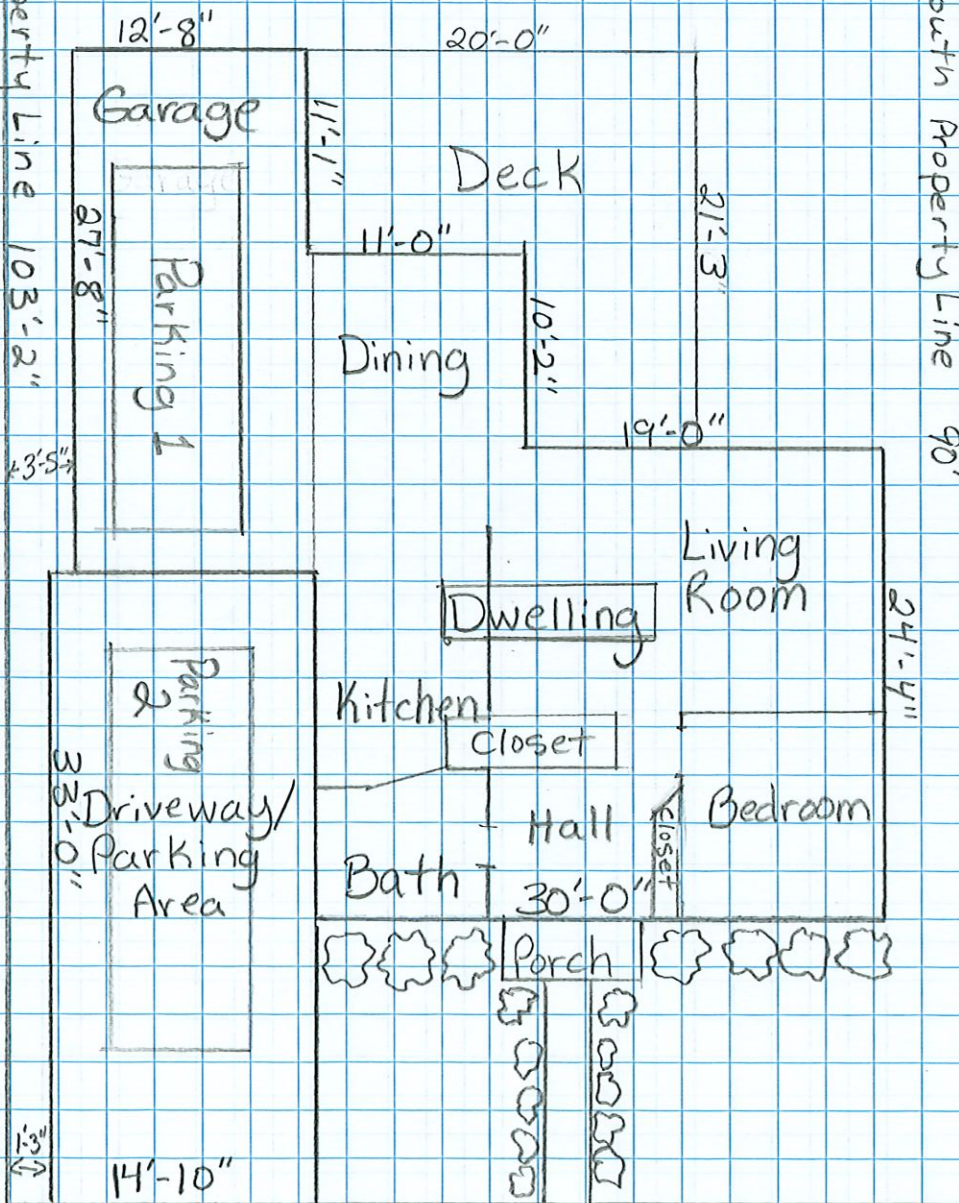
4N



North Property Line 103'-2"



South Property Line 90'



Avenue E.

South Franklin St.

West Property Line 50'

West Property Line 50'

21 S. Franklin

# Yard Area Calculation

Scale:  
1" = 10'

N

North Property Line 103'-2"

South Property Line 90'

12'-8"

20'-0"

Garage

Deck

27'-8"

11'-0"

21'-3"

10'-2"

19'-0"

Dwelling

24'-4"

33'-0"

Driveway

30'-0"

Front Porch

Parking Area  
205.6 sf

Yard Area  
743.96 sf

14'-10"

Avenue E

South Franklin

West Property Line 50'

14'-9 3/4"





