



**WALLOWA COUNTY**  
**Planning Department**  
101 S River Street #105  
Enterprise, Oregon 97828  
541-426-4543 ext. 1170

PERMIT#:	_____
E-PERMIT#:	_____
DATE FILED:	_____
TOTAL FEE:	_____
CHECK #:	_____

## **CONDITIONAL USE PERMIT APPLICATION:** **HOME-BASED OCCUPATION**

LEGAL OWNER:	_____	
APPLICANT:	_____	REF#: _____
PROJECT ADDRESS:	_____	TWP: _____
MAILING ADDRESS:	_____	RANGE: _____
APPLICANT PHONE NUMBER:	_____	SECTION: _____
APPLICANT E-MAIL:	_____	TAX LOT: _____
CONTACT/ PHONE NUMBER	_____	ACRES: _____
(if different):	_____	
CONTACT/ EMAIL	_____	ZONE: _____
(if different):	_____	
PROPOSAL SUMMARY:	_____	

YOUR APPLICATION MUST INCLUDE THE FOLLOWING DOCUMENTATION (details and examples are provided):

- ☐ 1. HOME-BASED OCCUPATION APPLICATION CHECKLIST
- ☐ 2. VICINITY MAP
- ☐ 3. PLOT PLAN MAP
- ☐ 4. FLOOR PLAN OF THE BUILDING USED FOR BUSINESS OPERATIONS
- 5. ADDITIONAL INFORMATION REQUIRED FOR BED AND BREAKFAST HOME OCCUPATIONS
  - ☐ Copy of the House Rules.
  - ☐ Floor plan with the number of guests per room and the maximum occupancy.
  - ☐ Site plan with parking configuration and number of vehicles (trailers are considered vehicles).

I hereby certify that the information furnished by me is correct to the best of my knowledge and issuance of this permit is based on this information. Any error committed by the issuing authority shall not excuse me from complying with any other applicable state and local laws and ordinances. I understand that any deviation other than that allowed by law may nullify the validity of this permit. I understand that if processing this permit requires more than 5 hrs. of staff time and \$25 in supplies and materials, I am responsible for the additional fee and will be charged staff time at \$35 per hour and other items at cost.

APPLICANT	DATE
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### **COUNTY USE ONLY**

ACTION TAKEN BY PLANNING COMMISSION      Approved \_\_\_\_\_      Denied \_\_\_\_\_

FOR PERMIT AUTHORIZATION AND CONDITIONS: See Findings Report

PERMIT EXPIRES AFTER ONE YEAR OF NON-USE

☐ **I HAVE REVIEWED REVIEW ARTICLE 35, HOME-BASED OCCUPATIONS:**  
<https://co.wallowa.or.us/community-development/land-use-planning/ordinance-articles/>

☐ **I AM APPLYING FOR A BED AND BREAKFAST**

DESCRIPTION OF THE PROPOSED HOME-BASED OCCUPATION:

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Please check all the following statements that apply to your proposed Home-Based Occupation.

<b>The Home-Based Occupation will:</b>	<b>YES</b>	<b>NO</b>
1. Have employees that do not live on the subject property.	<input type="checkbox"/>	<input type="checkbox"/>
2. Store business-related items (equipment, vehicles, construction materials, etc.) outside of a fully enclosed structure.	<input type="checkbox"/>	<input type="checkbox"/>
3. Require buildings to be altered from normal residential uses.	<input type="checkbox"/>	<input type="checkbox"/>
4. Require oversized accessory buildings.	<input type="checkbox"/>	<input type="checkbox"/>
5. Use more than two vehicles.	<input type="checkbox"/>	<input type="checkbox"/>
6. Use heavy equipment or tools that create noise and vibration.	<input type="checkbox"/>	<input type="checkbox"/>
7. Use paint, solvents, oils, or other noxious/toxic chemicals.	<input type="checkbox"/>	<input type="checkbox"/>
8. Operate outside of normal business hours (Mon. through Fri., 9 am-5 pm).	<input type="checkbox"/>	<input type="checkbox"/>
9. Have significant impacts on the neighbors and/or neighborhood traffic.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have deliveries by vehicles. Exceptions-include deliveries by UPS or other parcel services.	<input type="checkbox"/>	<input type="checkbox"/>
11. Have retail sales on-site.	<input type="checkbox"/>	<input type="checkbox"/>
12. Occupy more than 25% of the gross square feet of the principal residence or more than 2,000 square feet of accessory buildings normally associated with uses permitted in the zone.	<input type="checkbox"/>	<input type="checkbox"/>
13. Be conducted with more than one other business on your property.	<input type="checkbox"/>	<input type="checkbox"/>
14. Alter the appearance of the residential or farm/forest neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>
15. Post a sign for the business on the property.	<input type="checkbox"/>	<input type="checkbox"/>

**For all statement where you responded 'YES', please attached a narrative describing the activity and how you plan to mitigate the possible effects on your neighbors and neighborhood.**



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# VICINITY MAP & PLOT PLAN REQUIREMENTS

Vicinity and Plot Plan maps are required for all Zone and Conditional Use Permit applications. Please refer to the attached examples. Maps do not have to be professionally drawn but must include **ALL** the information listed below—use the checklist to confirm all the required information is included on your application maps.

## Vicinity Map

- ☐ Nearest highway
- ☐ Nearest incorporated town
- ☐ North arrow
- ☐ Approximate property location

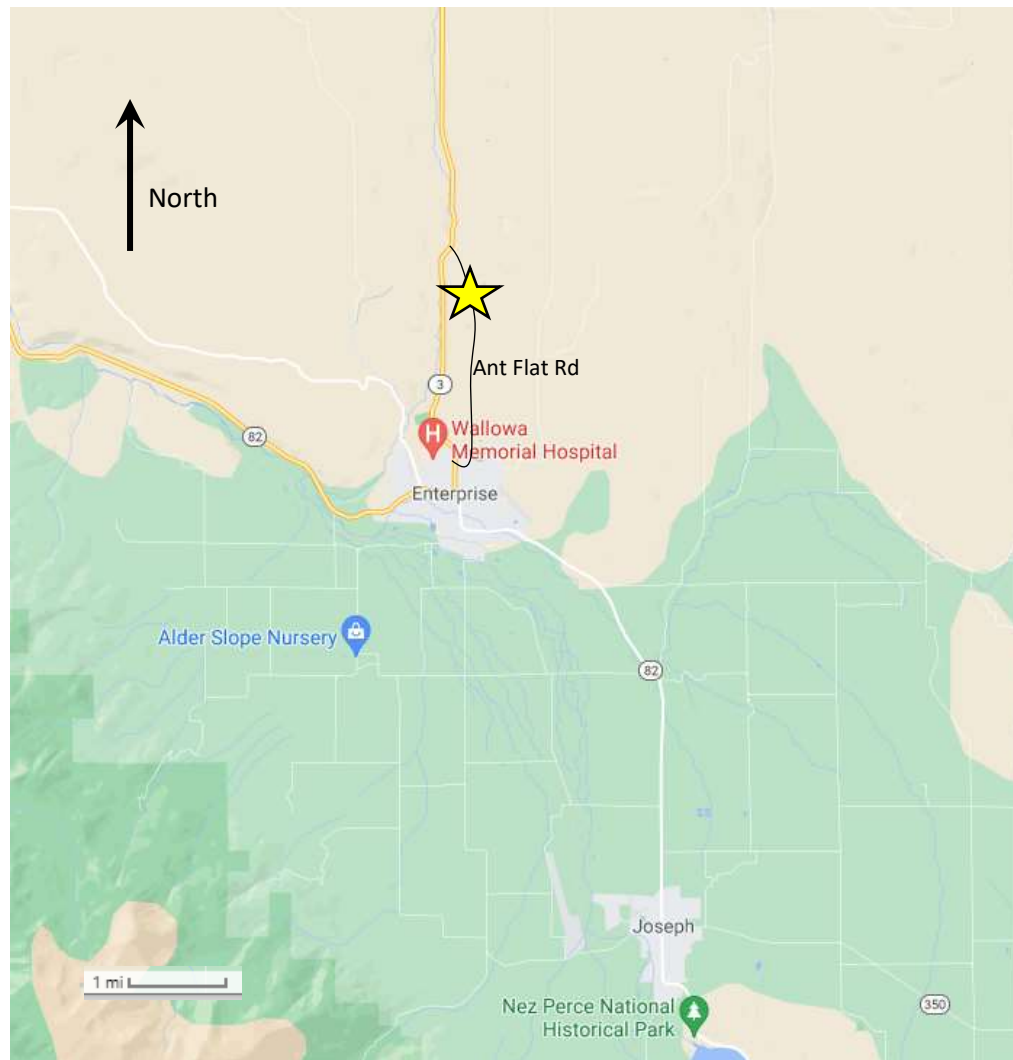
## Plot Plan

- ☐ Property lines reflecting the shape of the property
- ☐ Location, position and dimensions of all existing and proposed structures
- ☐ Distance from all existing and proposed structure to all four sides of property lines
- ☐ North Arrow
- ☐ Access—the name of the road accessing the property, the name and location of all roads in the area, and where the driveway entrance will be
- ☐ Location of any property easements (position, length, width)
- ☐ Location AND type of domestic water supply and source
- ☐ Septic system location, if applicable. Include tank and drain field locations and distance from water source.
- ☐ Areas of surface water (i.e., river, ponds, ditches, etc.) and distance to structures from the top of the bank
- ☐ Fuel breaks according to Article 25, Flood, Wildfire, and Natural Hazards



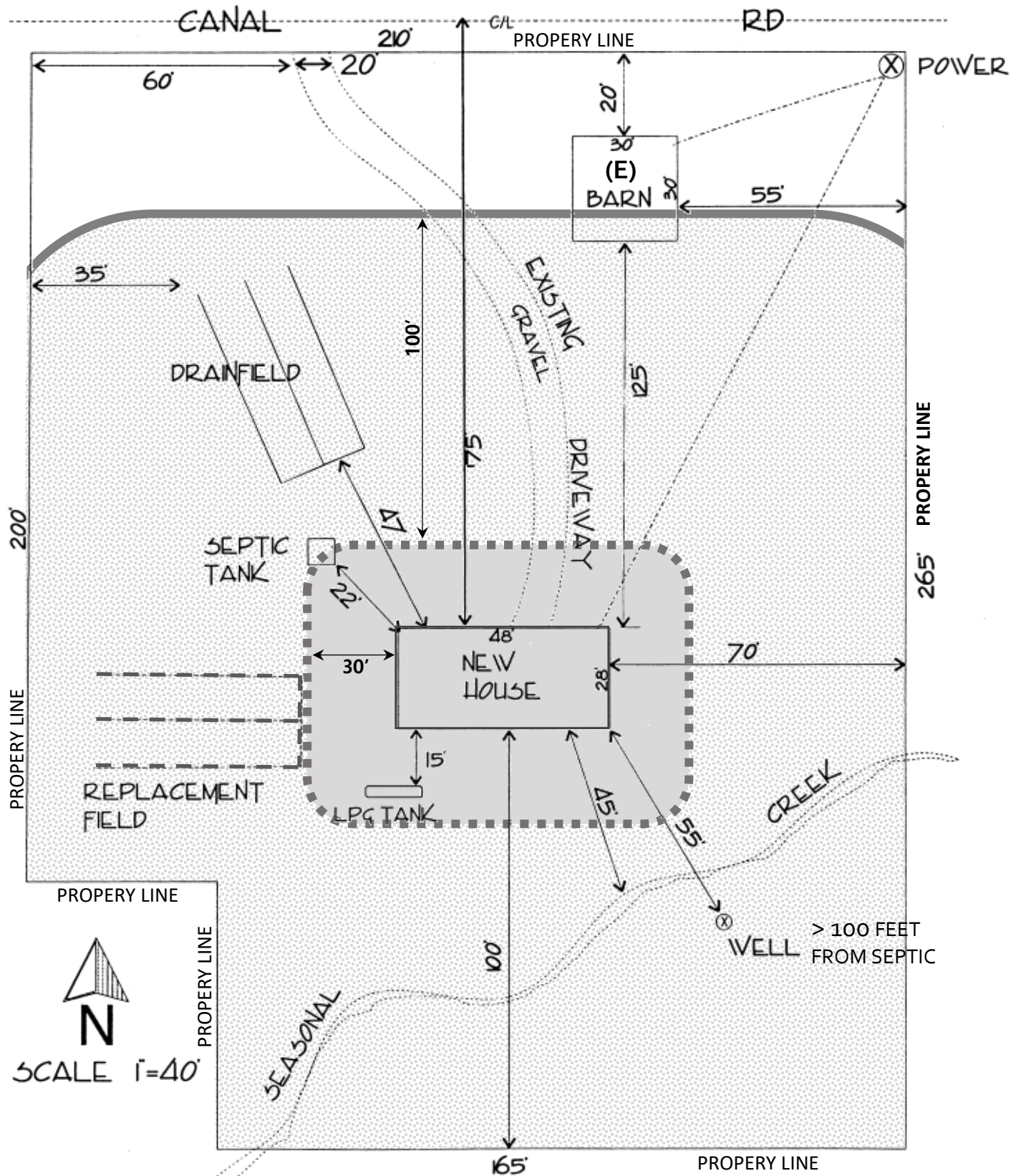
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## Example Vicinity Map



★ Approximate property location

# EXAMPLE PLOT PLAN



**PRIMARY FUEL BREAK AREA**

- LEVEL 1 = 30 FEET + IF >10% SLOPE
- LEVEL 2 = 20 FEET



**SECONDARY FUEL BREAK AREA**

- LEVEL 1 = 100 FEET
- LEVEL 2 = 80 FEET



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# FUEL BREAK STANDARDS

*This guide outlines the fuel break standards set forth in Wallowa County Land Development Ordinance Article 25 – Flood, Wildfire, and Natural Hazards for development in Communities at Risk and in the Wildland-Urban Interface. This guide is for informational purposes only and is not to be considered a substitute for the language of state or local regulations.*

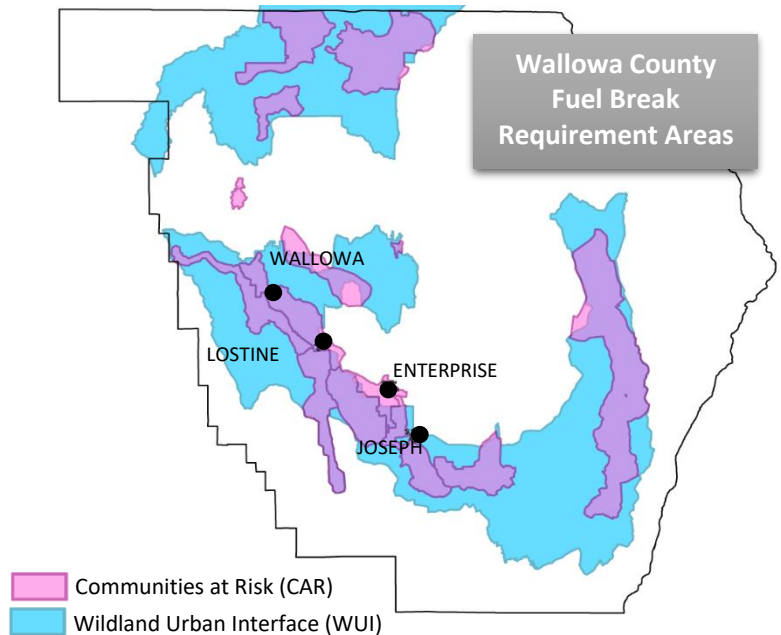
## Required Fuel Breaks According to Risk Level and Slope

Fuel-Free Breaks are part of Wallowa County’s site standards within designated Communities at Risk (CAR) and Wildland Urban Interfaces (WUI). These standards are designed minimize wildfire hazards and risks. This handout will provide guidance on how to construct these fuel break zones.

The map shows the designated CAR and WUI areas. For more detailed information, contact the Planning Department.

### Structures Requiring Fuel Breaks

- Structures of over 1,000 SF
- Dwellings and additions to dwellings
- Structures and new additions to structures associated with private businesses
- All bunkhouses
- Public and private infrastructure projects



### Fire Safety Design Standard (Risk) Levels

#### Level 1 fire safety standards apply to:

1. Timber Grazing or Timber Commercial zones.
2. CARs with “high” or “extreme” risk
3. Portions of WUI Zones with “high” or “extreme” risk of wildfire occurrence.

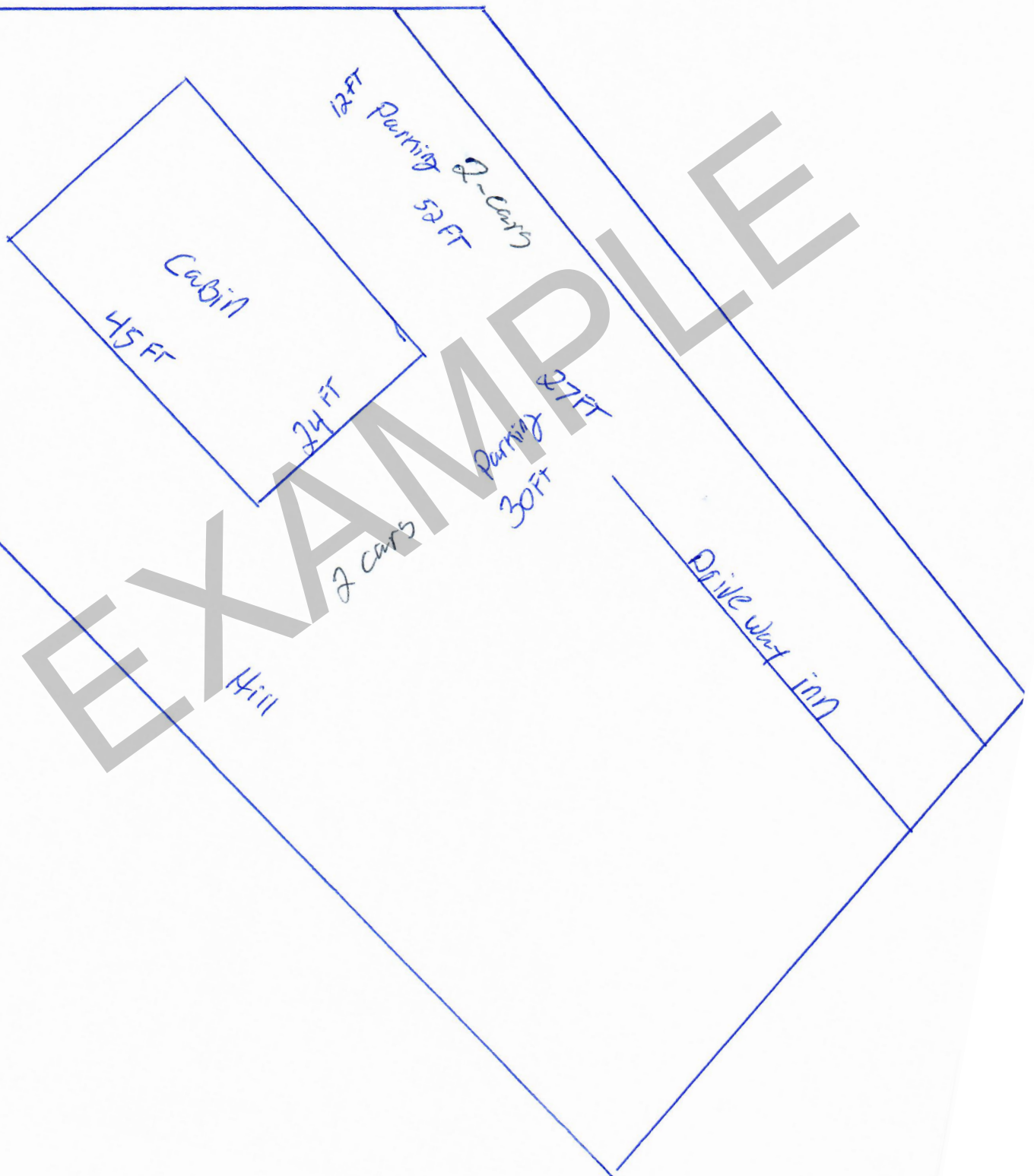
#### Level 2 fire safety standards apply to:

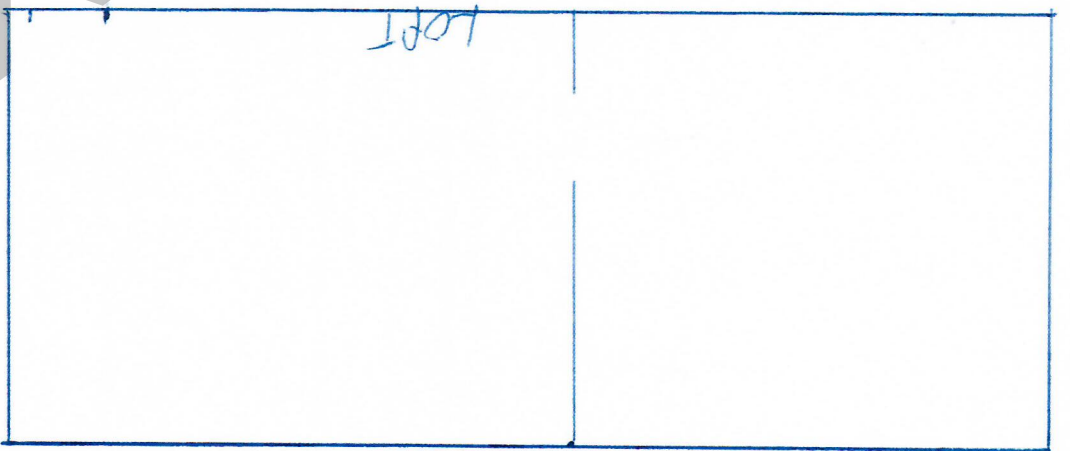
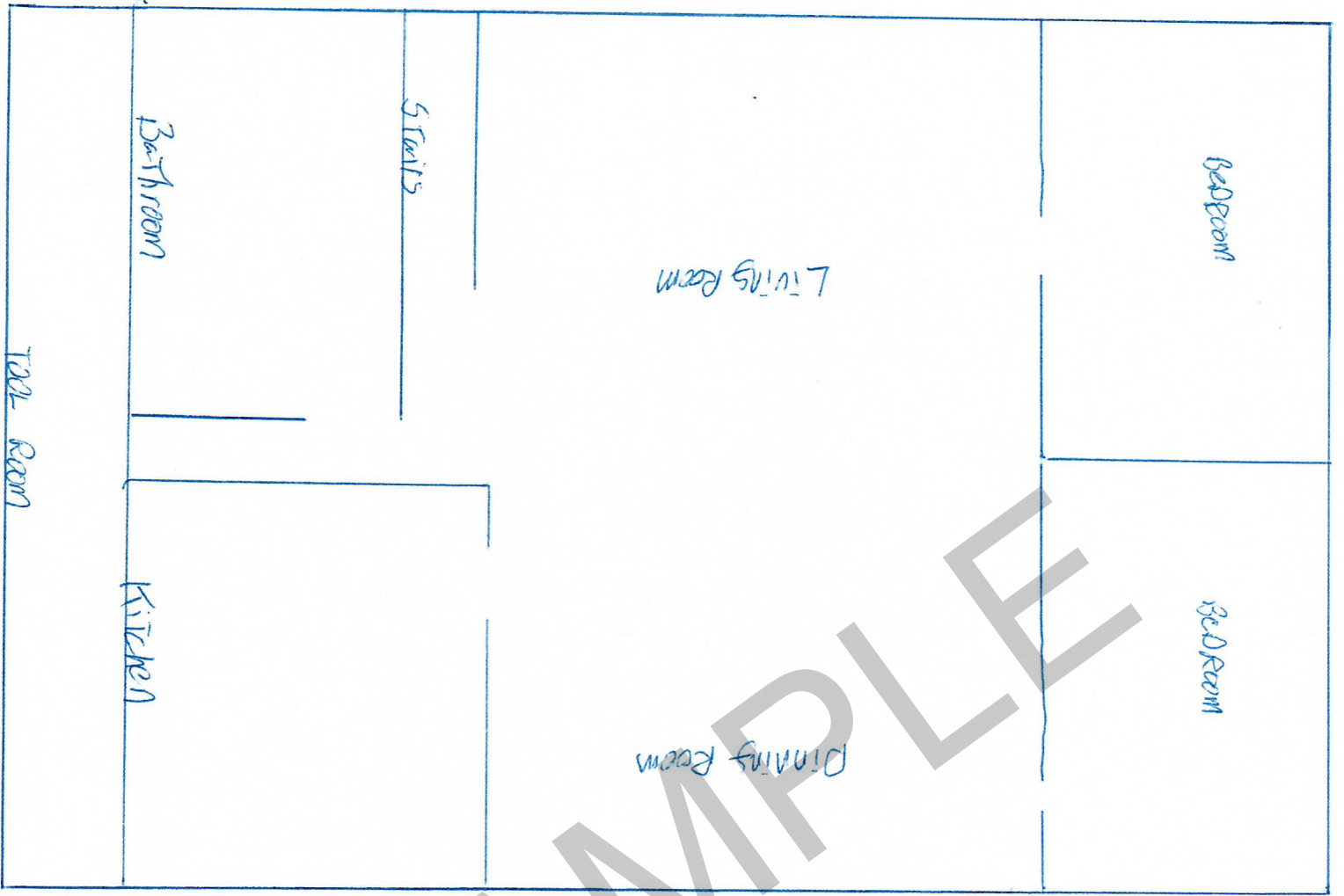
1. CARs with “moderate” or “low” risk.
2. Portions of WUI Zones with “medium” or “low” risk of wildfire occurrence.

Fuel Breaks: % Slope	Level 1		Level 2	
	Primary (Zone 1)	Secondary (Zone 2)	Primary (Zone 1)	Secondary (Zone 2)
< 10	30 ft	+100 ft	20 ft	+80 ft
11 - 20	80 ft	+100 ft	55 ft	+80 ft
21 - 30	105 ft	+100 ft	57.5 ft	+80 ft
31 - 40	130 ft	+100 ft	70 ft	+80 ft
> 40	No structures allowed under any circumstances		70 ft	+80 ft











# HAZARD CHECKLIST

Project site location/conditions may affect the conditions of the permit. Outcome subject to GIS mapping. An elevation certificate may be required.



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## APPLICANT:

Property Owner: \_\_\_\_\_

Project Applicant (if different): \_\_\_\_\_

Project Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant E-Mail: \_\_\_\_\_

Zone: \_\_\_\_\_

Proposed Activity/ Development (Check One): New Construction ☐ Residential ☐ Non- Residential ☐  
Other ☐ \_\_\_\_\_

Risk Magnitude: Value of Existing Structure/s \_\_\_\_\_ Value of Proposed Improvement \_\_\_\_\_

## COUNTY USE ONLY:

Permit # \_\_\_\_\_

### Associated Ordinance Article

### Condition/Location

Article 24 – Watershed  
Protection Area

- Watershed Protection Overlay: Yes ☐ No ☐

Article 25 – Floods, Wildfire, and  
Natural Hazards Area

- Wildfire Risk

	None	Level 1	Level 2
Zoning T/G or T/C	No	Yes	N/A
Communities at Risk Risk Designation	No	Extreme or High	Moderate or Low
WUI Zone Wildfire Occurrence Risk	No	Extreme or High	Moderate or Low

- Wetlands: Yes ☐ No ☐

- FEMA Floodplain: Yes ☐ No ☐

If Yes (Circle and Describe): 500 Year or 100 Year

- Elevation Certificate Required: Yes ☐ No ☐

Article 29 – Airport Overlay Zone

- Airport Overlay: Yes ☐ No ☐

Article 36 – Salmon Habitat  
Restoration

- Natural Resource Advisory Council Review: Yes ☐ No ☐

County Official Signature: \_\_\_\_\_



# HOUSE RULES

**Welcome! We appreciate your caring for our cabin  
and hope you enjoy your visit.**

**Please observe the following:**

1. Please observe the parking areas for this home. Do not park in the grass, or the neighbors areas.
2. NO SMOKING
3. Observe the area quiet time of 8 pm to 8 am
4. No outside fires except the bbq
5. Turn off the heat and lights when not in use
6. Lock the home if you are going to be gone
7. Report damaged or missing items
8. HAVE FUN!!



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## FLOOD, GEOLOGIC, OR WILDFIRE HAZARD WAIVER NOTICE

REGARDING ESTABLISHMENT AND MAINTENANCE OF DEVELOPMENT IN AREAS SUBJECT TO INUNDATION OR PHYSICAL HAZARDS OF A GEOLOGICAL NATURE OR WILDFIRES

The undersigned hereby certify that we are the owners of the hereinafter legally described real property located in the County of Wallowa, State of Oregon described as:

As recorded in Assessor's map number \_\_\_\_\_ records of Wallowa County, which property is known as:

I (We) desire to develop said property and require a Zone Permit from Wallowa County for authorization. I am (we are) fully aware of the fact that the site is in an area subject to inundation, slides, unstable soils and/or wildfires, and that I (we) in consideration of the issuance of said Permit from Wallowa County, agree to indemnify, defend and hold Wallowa County harmless from any loss, claim or liability arising in any manner out of use of the above described property for damages that may occur to our property or buildings thereon due to water or soil conditions, including but not limited to earthquake, floods, slides, water run-off, caving, or other such natural phenomena due to wildfires, whether such damage occurs to me (us) or adjoining land owners, and further agree to release and hold harmless Wallowa County from any damages, law suits, or liability arising therefrom. I (We) assume all risk arising out of the use of the above described property and the County shall have no liability in connection with the issuance of said Zone Permit to me (us) for any condition existing thereon.

This agreement is appurtenant to the real property described herein, and shall run with the land and shall bind and inure to my (our) successors, assigns, heirs, and executors and shall be recorded in the deed records of Wallowa County.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, Owner  
Print Name

\_\_\_\_\_, Owner  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF OREGON )

)ss.

COUNTY OF WALLOWA )

Personally appeared the above named \_\_\_\_\_ and acknowledged the foregoing instrument to be \_\_\_\_\_ voluntary act and deed.

BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public of Oregon

My Commission Expires: \_\_\_\_\_

**CONFLICT  
ACKNOWLEDGMENT  
STATEMENT**

LANDOWNER MUST RECORD WITH  
COUNTY CLERK AFTER APPROVAL &  
PROVIDE A COPY OF THE RECORDED  
DOCUMENT TO THE PLANNING  
DEPARTMENT

I (We), \_\_\_\_\_, am (are) the owner(s) or their legal representative, of certain real property located in Wallowa County, Oregon. The address for the property is \_\_\_\_\_, and the legal description is Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_, Tax Lot(s) \_\_\_\_\_.

I (We) have applied for \_\_\_\_\_ on land, on land adjacent to, or on land that is in close proximity to land zoned Exclusive Farm Use (EFU) and/or Timber/Grazing (T/G). The Wallowa County Right to Farm Ordinance requires a written and recorded statement acknowledging the right of neighboring landowners to conduct farm, forest, and mining operations as authorized by the Oregon Forest Practices Act (or other governing regulations) as a condition of approval. In addition, the Wallowa County Right to Farm Ordinance provides that conflict between authorized farm and forest practices and residential uses will be resolved in favor the Oregon Forest Practices Act. The Wallowa County Right to Farm Ordinance States:

“It is the purpose of this Ordinance to conserve, protect, and encourage the development and improvement of the agricultural and other resource-based industries of Wallowa County and the use of modern technology for the production of food and other resource-based products. Continued rural residential development and/or urbanization gives rise to conflict between resource activities and non-resource uses. Generally accepted resource practices offend, annoy, interfere with, and otherwise affect non-resource uses located on resource lands or nearby resource uses. As a result, resource activities are often subjected to lawsuits or complaints from non-resource users. In the end, agricultural and other resource-based industries are sometimes forced to cease operating when non-resource uses are located nearby. This

causes a decline in available local supplies of food and fiber. Declining access to local production of food and fiber threatens the continued prosperity, health, and safety of Wallowa County and must be avoided. The Wallowa County Court has concluded that the resource-industry base in Wallowa County must be protected from such lawsuits or complaints that limit the productivity of resource lands.”

On behalf of myself (ourselves) and in behalf of my (our) heirs, assigns, and purchasers, I (We) hereby acknowledge the residential use on my (our) property is subordinate to; and conflict will be resolved in favor of; farm, forest, and mining practices which are consistent with the Oregon Forest Practices Act and other applicable regulations. I (We) acknowledge these practices may involve the application of herbicides or fertilizers (including aerial spraying), road construction, changes in view, noise, dust, traffic, and other impacts. I (We) recognize the residential use of our property may be impacted by such activities. In the event of conflict; we agree to give preference to normal farm, forest, and mining practices.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

**STATE OF OREGON**       )  
  )**ss.**  
**County of Wallowa**       )

On       this       \_\_\_\_\_ day       of       \_\_\_\_\_,       20\_\_\_\_,  
\_\_\_\_\_, personally appeared before me, a Notary Public in  
and for the aforementioned State and County, and executed the foregoing Conflict  
Acknowledgment Statement and confessed it to be a voluntary act.

\_\_\_\_\_  
Notary Public of Oregon  
My Commission Expires: \_\_\_\_\_

*WALLOWA COUNTY, OREGON*  
*TRANSIENT LODGING TAX*  
*101 South River Street Room 103*  
*Enterprise, Oregon 97828*

**WALLOWA COUNTY TRANSIENT LODGING TAX REGISTRATION FORM**

Failure, and/or Refusal to return any Transient Lodging Tax form carries a \$250.00 Fine plus recording fees  
Non-registration does not relieve any person from the obligation of payment or collection of the tax.  
WC Ordinance 2004-007

**PLEASE PRINT OR TYPE**

**Required Business Information**

Today's Date: _____		
Short Term Rental or Conditional Use Permit number and date. _____ (Required)		
WC Assessors' Reference Number for Personal Property Tax Return. _____ (Required)		
Please contact your county or city planning department to obtain permits.		
Business Name:		
DBA:		
Owner Name	Owner Name	
FEIN/SSN (Required)	Start date lodging offered	
Mailing Address		
City	State	Zip Code
Business Phone	Other	Fax
EMAIL		Business Web address

**Type of accommodation(s). Please check all that apply.**

Type	Number of units	Type	Number of units
___ Bed & Breakfast	_____	___ Motel	_____
___ Vacation Home	_____	___ Hotel	_____
___ Residence	_____	___ Campground/RV Site	_____

\_\_\_\_\_ \*\*My Business uses an Air B&B or VRBO Service\*\*

**\*\*IF USING AN AIR B&B OR VRBO SERVICE TO RENT OUT YOUR ROOM(s)/SPACE(s),  
YOU AS THE OWNER(s) ARE RESPONSIBLE FOR PAYING ALL LODGING TAX TO  
WALLOWA COUNTY, not the Air B&B or VRBO service.\*\***

If you do not think, you should have to collect this tax, please complete the form and state your reasons below.



*WALLOWA COUNTY, OREGON  
TRANSIENT LODGING TAX  
101 South River Street Room 103  
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**WALLOWA COUNTY TRANSIENT LODGING TAX REGISTRATION FORM**

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WC Ordinance 2004-007

**PLEASE PRINT OR TYPE**

**ALL Owners are required to sign registration form.** Signatures must be original, no fax or copy.

<b>Name</b>		
<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Please check all that apply</b> <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Manager		
<b>SIGNATURE</b>		

<b>Name</b>		
<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Please check all that apply</b> <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Manager		
<b>SIGNATURE</b>		

<b>Name</b>		
<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Please check all that apply</b> <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Manager		
<b>SIGNATURE</b>		

It is your responsibility to request and fill out another form to remove any signors

If you do not think, you should have to collect this tax, please complete the form and state your reasons below.

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**PLEASE PRINT OR TYPE**

**Name & physical address of rental(s)**, if more than one please list separately.

<b>Name of rental</b>		
Physical address		
City	State	Zip Code
<b>Property Tax Reference Number(s)</b>		

<b>Name of rental</b>		
Physical address		
City	State	Zip Code
<b>Property Tax Reference Number(s)</b>		

<b>Name of rental</b>		
Physical address		
City	State	Zip Code
<b>Property Tax Reference Number(s)</b>		

<b>Name of rental</b>		
Physical address		
City	State	Zip Code
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WC Ordinance 2004-007

PLEASE PRINT OR TYPE

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When we receive your completed registration we will mail a packet of return forms, the county ordinance, an example of how to fill the return forms out and your Transient Lodging registration certificate to collect Wallowa County's 5% Transient Lodging Tax.

The Transient Lodging registration certificate signifies the requirement of submitting your registration form per the Transient Lodging Tax Ordinance of Wallowa County for collecting from transients the room tax imposed, and that you will remit said tax to the Tax Administrator.

The certificate does not authorize any person to conduct any unlawful business or to conduct any lawful business in an unlawful manner, or to operate a transient establishment without strictly complying with all local applicable laws including but not limited to those requiring a permit from any board, commission, department or office of Wallowa County. The certificate does not constitute a use permit.

The certificate needs displayed in a conspicuous place, and is non-transferable. If you close your business, you will need to return the certificate, to the county.

Mail completed registration form to: Wallowa County Treasurer  
Transient Lodging Tax Registration  
101 S. River St. Rm. 103  
Enterprise, Or. 97828  
(541)426-7753 (541)426-7755

Keep a copy for your records

\*\*\*\*\*

OFFICE USE ONLY:

CERTIFICATE/ACCOUNT NUMBER \_\_\_\_\_ ASSESSOR'S REFERENCE # \_\_\_\_\_

DATE OF ISSUANCE OF CERTIFICATE \_\_\_\_\_ CONDITIONAL USE PERMIT # \_\_\_\_\_

ENTERPRISE JOSEPH WALLOWA COUNTY

Packet contains.

- \_\_\_\_ Letter
- \_\_\_\_ Return Forms/Exemption Form
- \_\_\_\_ Example of return form
- \_\_\_\_ The Ordinance
- \_\_\_\_ Certificate

Date certificate mailed \_\_\_\_\_

Paperwork completed in register and registration binder.

Business Name -- Owner Name -- Address (mailing & situs) -- Start date -- Acct # -- E, J, W, C

Completed by \_\_\_\_\_

Attach to copy of certificate