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LAND USE PERMIT APPLICATION – BALANCE OF COUNTY  
COOS COUNTY PLANNING DEPARTMENT

COMPLETED BY STAFF

Received By: <u>E.OM</u>	<input type="checkbox"/> COMP PLAN AMENDMENT
Date Submitted: <u>10/1/19</u>	<input type="checkbox"/> ZONE CHANGE
Application No.: <u>ACU-19-040</u>	<input type="checkbox"/> TEXT AMENEDMENT
Fee: <u>\$1479</u>	<b>CONDITIONAL USE REVIEW</b>
Fee Paid: <u>\$1479</u>	<input type="checkbox"/> HEARINGS BODY
Receipt No.: <u>212970</u>	<input type="checkbox"/> ADMINISTRATIVE
	<input type="checkbox"/> VARIANCE
	<input type="checkbox"/> LAND DIVISION *
	<input type="checkbox"/> HAZARD REVIEW *
	<input type="checkbox"/> FARM OR FOREST REVIEW *
	<input type="checkbox"/> FAMILY/MEDICAL HARDSHIP*
	<input type="checkbox"/> HOME OCCUPATION/COTTAGE INDUSTRY
	<b>*Supplemental Application required</b>
	STAFF NOTES:

Please type or clearly print all of the requested information below. Please be sure to include any supplemental application for if required.

I. APPLICANT

Name: marikko fanning

Mailing Address:  
350A Fillmore Ave SE  
City Bandon State OR Zip 97411  
Daytime Phone 954-699-8466  
Email: mkaikulani@gmail.com

II. OWNER(S)

Name: marikko fanning (James Beaghan Revocable Trust)

Mailing Address:  
350A Fillmore Ave SE  
City Bandon State OR Zip 97411  
Daytime Phone 954-699-8466  
Email: mkaikulani@gmail.com

III. PROPERTY - If multiple properties are part of this review please check here  and attached a separate sheet with property information.

Location or Address: 88555 Wickizer Ln. Bandon, OR 97411

No. Acreage 4.04 Acres

Tax Acct. 757306

Township: 27 Range: 14 Section: 58 1/4 Section: 1/16 Section: 1/16 Tax lot: 1101

Zone: RR-5

Water Service Type: well

Sewage Disposal Type: septic system

School District:

Fire District:

IV. REQUEST SUMMARY (Example: "To establish a template dwelling in the Forest Zoning District.")

to secure a vacation rental permit for property.

V. ATTACHED WRITTEN STATEMENT. With all land use applications, the "burden of proof" is on the applicant. It is important that you provide information that clearly describes the nature of the request and indicates how the proposal complies with all of the applicable criteria within the Coos County Zoning and Land Development Ordinance (CCZLDO). You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete. A planner will explain which sections of the Ordinance pertain to your specific request. The information described below is required at the time you submit your application. The processing of your application does not begin until the application is determined to be complete. An incomplete application will postpone the decision, or may result in denial of the request. Please mark the items below to ensure your submittal is complete.

Application Check List: Please make off all steps as you complete them.

- A.  A written statement of intent, attached to this application, with necessary supporting evidence which fully and factually describes the following:
1.  A complete explanation of how the request complies with the applicable provisions and criteria in the Zoning Ordinance. A planner will explain which sections of the Ordinance pertain to your specific request. You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete.
  2.  A description of the property in question, including, but not limited to the following: size, vegetation, crops grown, access, existing buildings, topography, etc.
  3.  A complete description of the request, including any new structures proposed.
  4.  If applicable, documentation from sewer and water district showing availability for connection.
- B.  A plot plan (map) of the property. Please indicate the following on your plot plan:
1.  Location of all existing and proposed buildings and structures
  2.  Existing County Road, public right-of-way or other means of legal access
  3.  Location of any existing septic systems and designated repair areas
  4.  Limits of 100-year floodplain elevation (if applicable)
  5.  Vegetation on the property
  6.  Location of any outstanding physical features
  7.  Location and description (paved, gravel, etc.) of vehicular access to the dwelling location
- C.  A copy of the current deed, including the legal description, of the subject property. Copies may be obtained at the Coos County Clerk's Office.

I certify that this application and its related documents are accurate to the best of my knowledge. I am aware that there is an appeal period following the date of the Planning Director's decision on this land use action. I understand that the signature on this application authorizes representatives of the Coos County Planning Department to enter upon the subject property to gather information pertinent to this request. If the application is signed by an agent, the owner's written authorization must be attached.

If this application is refereed directly to a hearings officer or hearings body I understand that I am obligated to pay the additional fees incurred as part of the conditions of approval. I understand that I/we are not acting on the county's behalf and any fee that is a result of complying with any conditions of approval is the applicants/property owner responsibility. I understand that conditions of approval are required to be complied with at all time and an violation of such conditions may result in a revocation of this permit.

  
Applicant/Owner Signature

Applicant/Owner Signature



Date Received: 10/1/19  
Receipt # 212970

COOS COUNTY ROAD DEPARTMENT



ACCESS/DRIVEWAY/ROAD/  
PARKING VERIFICATION PERMIT

THIS FORM NEEDS TO BE SUBMITTED TO COOS COUNTY PLANNING DEPARTMENT  
225 N. ADAMS STREET OR MAILED TO: 250 N. BAXTER, COQUILLE OR 97423

All new and replacement dwellings, commercial or industrial development requires this form.  
Other development may require verification of access.

Payment for this permit can be submitted to the Cos County Planning Department in the form of cash or check

For Office Use Only: FILE # DR-19-114 FEE: \$153

Applicant/Agent (print name): Manikko Fanning  
Mailing address: 350A Fillmore Ave SE Bandon, OR 97411  
Phone: 954-699-8466 Email: mkaiulani@gmail.com

Land Owner (print name): Manikko Fanning (James Beaghan Revocable Trust)  
Mailing address: 350A Fillmore Ave SE Bandon, OR 97411  
Phone: 954-699-8466 Email: mkaiulani@gmail.com

LOCATION

27 Range 14 Section 08 Tax Lot 1101

88555 Wickizer Ln. Bandon, OR 97411

RR-5 Zone (s) 4.04 Acreage

EXISTING IMPROVEMENTS Describe any improvements to the property such as any roads, structures, etc.

House, bump house, driveway, parking site

Applicant Signature: M. Fanning

Through applying for this application I authorize the Coos County Roadmaster or designee to enter upon the property subject of the application to conduct a site visit necessary for processing the requested application. The applicant shall contact the Coos County Road Department to arrange for the site visit once the access, driveway, road and/or parking requirements have been met. If you would like to schedule a visit or inquire further about requirements including bonding please contact 541-396-7660. This signed form must be returned to the Planning Department prior to the issuance of a zoning compliance letter.

Coos County Road Department Use Only

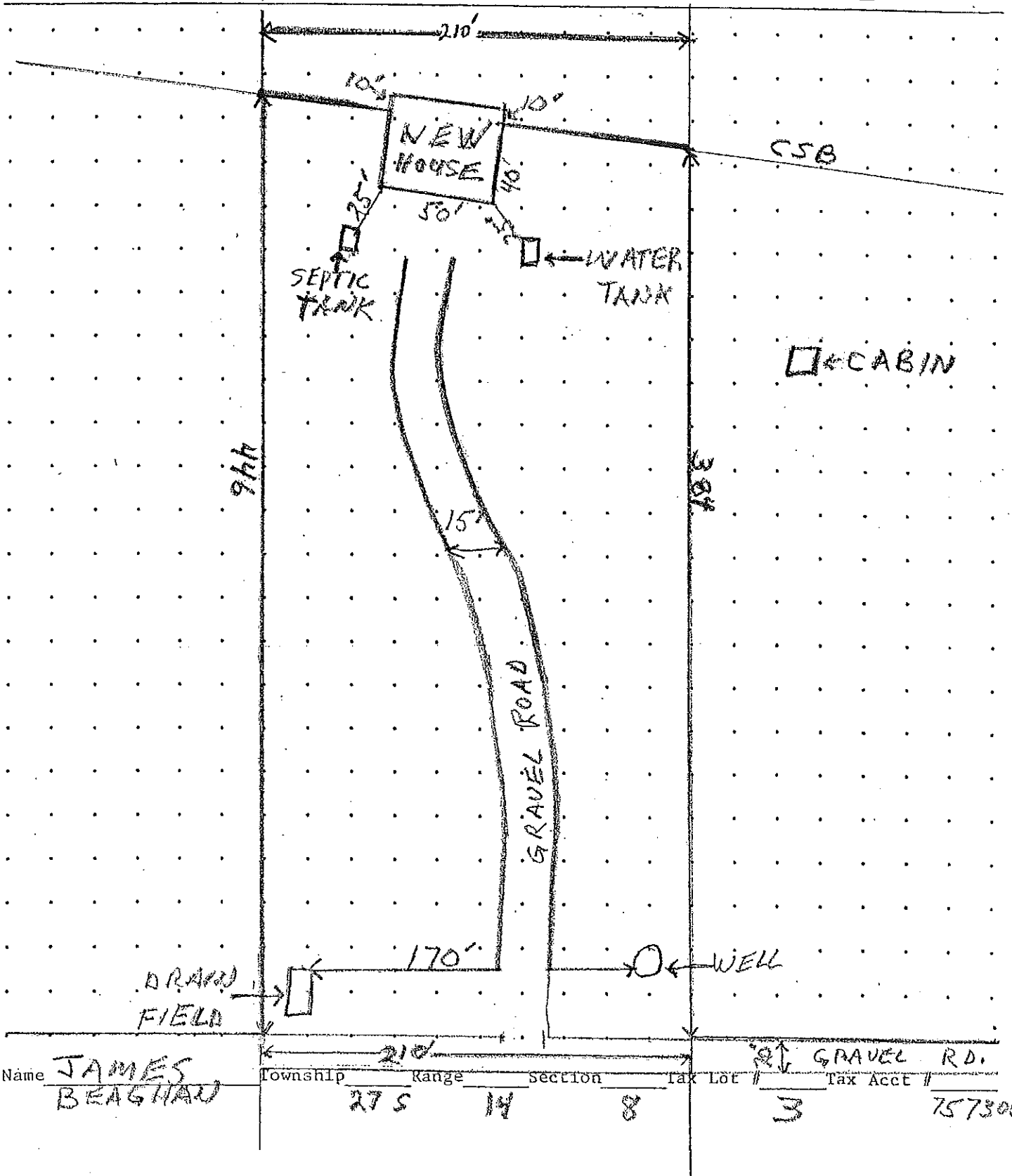
Roadmaster or designee: \_\_\_\_\_

Driveway  Parking  Access

Bonded Date: \_\_\_\_\_ Receipt # \_\_\_\_\_

S I T E      P L A N

DISTANCES ARE CRITICAL. Please provide (as close to scale as possible) location of the initial sewage disposal system within the approved area (using one-half of the area for a new system or the entire area for a repair system). Also show the existing or proposed home-site, accessory buildings, driveways, and all water sources (wells, springs, etc.) including those on neighboring properties. Dot to dot = 20 feet.

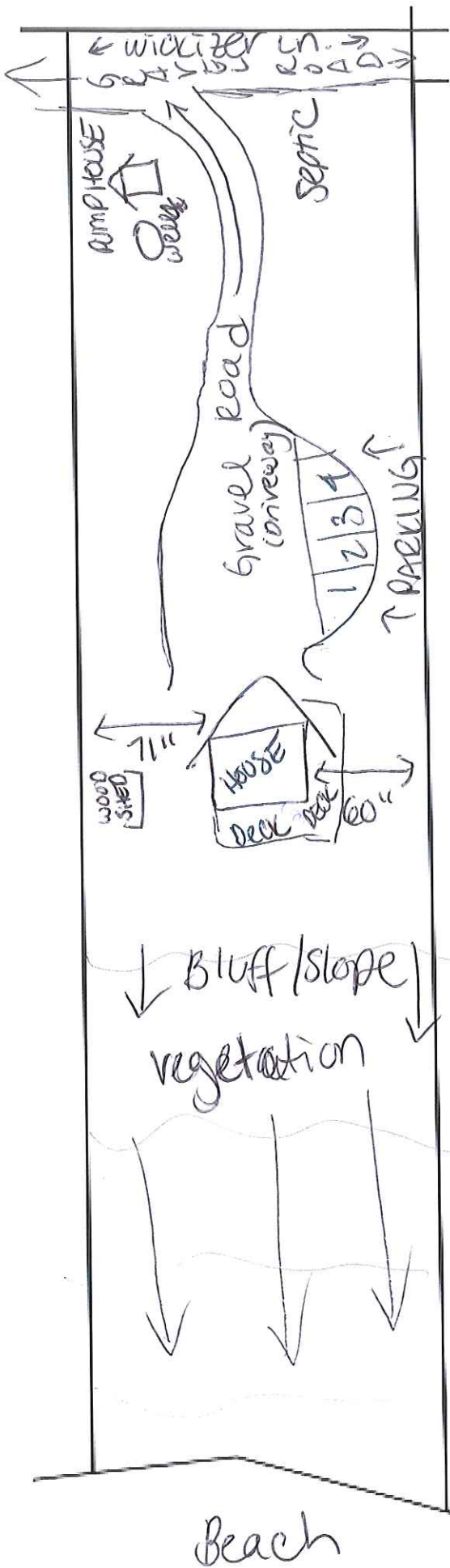


# PLOT PLAN

Tax lot # 1101



1" = 120 ft.



Manicko Fenning  
(James Beaghan Revocable Trust)

Property address: 8855 Wickizer Ln  
Bandon, OR 97411

cell # (954) 699-8466

mailing address: 350A Fillmore Ave SE.  
Bandon, OR 97411

817066

FILED

CERTIFIED COPY

2018 MAY 29 AM 10:44

KING COUNTY SUPERIOR COURT CLERK SEATTLE, WA

IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON COUNTY OF KING

IN RE THE ESTATE OF	NO: 18-4-03268-4 SEA
JAMES BEAGHAN	LETTERS TESTAMENTARY
DECEASED	(LTRTS)

The last will of the above named decedent was duly exhibited, proven and filed on May 29, 2018. It appears in and by said will that: MARIKKO K. FANNING is named Executor(s) and by order of this court is authorized to execute said will according to law.

WITNESS my hand and seal of said Court: May 29, 2018.



BARBARA MINER  
King County Superior Court Clerk

By: [Signature], Deputy Clerk  
L. PAIT

• NOT OFFICIAL WITHOUT SEAL •

I BARBARA MINER Clerk of the Superior Court of the State of Washington for King County do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof IN TESTIMONY WHEREOF I have affixed this seal of said Superior Court at my office at Seattle on this date

MAY 29 2018



BARBARA MINER Superior Court Clerk

By: [Signature]  
Deputy Clerk

L. PAIT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

317064



DATE ISSUED: 04/18/2018  
FEE NUMBER: 1706052

CERTIFICATE NUMBER: 2018-017438

FIRST AND MIDDLE NAME(S): JAMES PHILIP  
LAST NAME(S): BEAGHAN

COUNTY OF DEATH: KING  
DATE OF DEATH: MARCH 30, 2018  
HOUR OF DEATH: 02:05 AM  
SEX: MALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: 320-36-9148

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: OCTOBER 02, 1944  
BIRTHPLACE: CHICAGO, IL

MARITAL STATUS: DIVORCED  
SPOUSE: NOT APPLICABLE

OCCUPATION: PROFESSOR  
INDUSTRY: COLLEGE  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES: YES

INFORMANT: MARIKKO FANNING  
RELATIONSHIP: DAUGHTER  
ADDRESS: 3055-A ALKI AVE SW SEATTLE, WA 98116-2672

CAUSE OF DEATH:  
A: METASTATIC NON SMALL CELL LUNG CANCER  
INTERVAL: 4/2016  
B: MALIGNANT PLEURAL EFFUSION  
INTERVAL: 5/2016  
C: ADVANCED ADENOCARCINOMA, SUSPECTED GASTROINTESTINAL PRIMARY  
INTERVAL: 2018  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE ENCEPHALOPATHY,  
SEPSIS WITH PNEUMONIA, ACUTE KIDNEY INJURY, MALIGNANT CACHEXIA,  
SEVERE PROTEIN CALORIE MALNUTRITION, HODGKIN'S DISEASE 1986

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - FIRST HILL  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

RESIDENCE STREET: 3055-A ALKI AVE SW  
CITY, STATE, ZIP: SEATTLE, WA 98116-2672  
INSIDE CITY LIMITS: YES COUNTY: KING  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: JOHN BEAGHAN  
MOTHER/PARENT: CATHERINE COFFEY

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: APRIL 18, 2018

FUNERAL FACILITY: CADY CREMATION SERVICES

ADDRESS: 8418 SOUTH 222ND ST  
CITY, STATE, ZIP: KENT, WASHINGTON 98031  
FUNERAL DIRECTOR: DAVID SCOTT QUILICI

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JANICE M. CONNOLLY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 747 BROADWAY  
CITY, STATE, ZIP: SEATTLE, WA 98122  
DATE SIGNED: APRIL 13, 2018

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: JANICE CONNOLLY, MD

LOCAL DEPUTY REGISTRAR: DIANE BOGAN  
DATE RECEIVED: APRIL 17, 2018

As a vacation rental, my property will be licensed with Coos County Health Dept. in accordance with ORS 446.310-350

All parking standards as identified in Chapter VII have been met, including parking ~~access, driveway, and driveway standards~~ and driveway ~~accessibility~~ accessibility.

Vacation rental useage is highly compatible with the surrounding area as it is residential & on significant acreage. The land surrounding the house is mostly vacant, so this use shouldn't interfere with neighbors' in any way. There will be rules & regulations governing noise & boundaries, etc, and I'll be using Airbnb, VRBO, and the like in order to enforce these rules.