

1 BEFORE THE LAND USE BOARD OF APPEALS  
2 OF THE STATE OF OREGON

3  
4 DAVE TOLER,  
5 *Petitioner,*

6  
7 vs.

8  
9 CITY OF CAVE JUNCTION,  
10 *Respondent,*

11 and

12  
13 MANOR COMMUNITIES  
14 DEVELOPMENT COMPANY, LLC,  
15 *Intervenor-Respondent.*

16  
17 LUBA No. 2006-154

18  
19  
20 FINAL OPINION  
21 AND ORDER

22  
23 Appeal from City of Cave Junction.

24  
25 Dave Toler, Cave Junction, filed the petition for review and argued on his own  
26 behalf.

27  
28 No appearance by City of Cave Junction.

29  
30 Michael M. Reeder, Eugene, filed the response brief and argued on behalf of  
31 intervenor-respondent. With him on the brief was Arnold Gallagher Saydack Percell Roberts  
32 & Potter, PC.

33  
34 BASSHAM, Board Chair; HOLSTUN, Board Member; RYAN, Board Member,  
35 participated in the decision.

36  
37 AFFIRMED

12/15/2006

38  
39 You are entitled to judicial review of this Order. Judicial review is governed by the  
40 provisions of ORS 197.850.

**NATURE OF THE DECISION**

Petitioner appeals a decision approving a master planned development to construct an assisted living facility with 86 units in 43 duplexes, and a related central medical facility, on a 10-acre parcel zoned Employment and Industrial (EG-LI).

**MOTION TO INTERVENE**

Manor Communities Development Company, LLC (intervenor) moves to intervene on the side of respondent. There is no opposition to the motion, and it is allowed.

**FACTS**

On August 22, 2005, the city adopted Ordinance 472, which amended the city code to include definitions for “medical facility,” among other related definitions, and which added “medical facilities” to the list of outright permitted uses in the EG-LI zone. Shortly thereafter, intervenor filed an application for a master planned development on the subject property that includes 13 lots with 86 residential units in 43 duplexes, with a central general services building. The city approved the application as a “medical facility.” Petitioner and others appealed the city’s decision to LUBA. On November 14, 2005, after the appeal was filed, the city adopted Ordinance 477, which repealed Ordinance 472, and replaced it with language almost identical, except that the definition of “medical facility” was amended to specifically include “assisted residential facilities.”

The city sought voluntary remand of its initial decision, which LUBA granted. *Fosmore v. City of Cave Junction*, \_\_\_ Or LUBA \_\_\_ (LUBA No. 2005-134, March 7, 2006). On remand, intervenor withdrew the application, and submitted a new, but nearly identical application. Under the application, the central facility is proposed to include doctor’s offices, physical therapy capability, and a dining hall. Each of the duplex units is handicap accessible and is designed to allow for a live-in caregiver. On July 24, 2005, the city council voted to approve the application, with conditions. Condition of Approval 5

1 requires that the residential units shall be occupied by residents qualifying for care under a  
2 State of Oregon licensed private duty care-giving agency. This appeal followed.

3 **FIRST, SECOND AND THIRD ASSIGNMENTS OF ERROR**

4 The EG-LI provides for a number of industrial and commercial uses, but no  
5 residential uses. As noted, in 2005 the city adopted an ordinance that added “Medical  
6 facility” to the list of permitted uses in the EG-LI zone. As amended by Ordinance 477, City  
7 of Cave Junction Zoning Ordinance (CJZO) 17.08.537 defines “medical facility” as follows:

8 “‘Medical facility’ means a prescribed physical structure or location, which  
9 provides or coordinates a range of supportive personal health services, *that*  
10 *may include assisted residential facilities*. A Medical Facility shall provide a  
11 minimum of two (2) or more, at the discretion of the Council, of the following  
12 services:

- 13 “A. Medication administration and supervision;
- 14 “B. Medical assessment by qualified health care provider;
- 15 “C. Assistance with treatment of health related issues by a qualified health  
16 care provider;
- 17 “D. Coordination of Medical and Dental Care services;
- 18 “E. Prescription of medication in accordance with Oregon State Law.”  
19 Record 36 (emphasis added).

20 Petitioner argues that the proposed development will consist of 13 lots, 12 of which  
21 will be developed with residential duplexes accounting for approximately 90 percent of the  
22 project acreage. The only proposed “medical facility” will be a general services building that  
23 will include a dining hall and limited medical facilities that account for about five percent of  
24 the project acreage. According to petitioner, the proposed development is essentially a  
25 residential development, and residential use conflicts with the purpose and intent of the EG-  
26 LI zone. *See* CJZO 17.30.020 (the EG-LI zone “allows a wide range of employment  
27 opportunities without potential conflicts from interspersed residential uses”). Petitioner cites  
28 to a statement by a Department of Land Conservation and Development (DLCD)

1 representative that the proposal to “place residential uses in the industrial zone creat[es] the  
2 very conflicts the employment and industrial district seeks to avoid.” Record 89-90.  
3 Petitioner contends that allowing what is essentially a senior housing project in the industrial  
4 zone jeopardizes the health and safety of seniors who would live alongside any industrial  
5 uses later sited in the zone.

6 Intervenor responds that to the extent petitioner is arguing that the scope of “medical  
7 facilities” as defined by code does not include “assisted residential facilities,” petitioner’s  
8 arguments are an impermissible collateral attack on Ordinance 477. We agree with  
9 intervenor that any inconsistency between the code definition of “medical facilities” and the  
10 purpose or text of the EG-LI zone cannot be challenged in this decision. For good or ill,  
11 “medical facilities” are allowed in the EG-LI zone, and those facilities may include “assisted  
12 residential facilities.” However, we understand petitioner to also advance the argument that  
13 the proposed development does not in fact qualify as an “assisted residential facility” that is  
14 allowed as part of a “medical facility.”

15 The code does not define “assisted residential facility” and nothing cited to us in the  
16 code or elsewhere informs us of the intended scope of that term. We understand petitioner to  
17 argue that that term must be read in context with the purpose of the EG-LI zone, which is  
18 intended in part to protect commercial and industrial uses from conflicts with “interspersed  
19 residential uses.” Viewed in that context, petitioner argues, the scope of “assisted residential  
20 facility” that may be allowed as part of a “medical facility” must be interpreted narrowly to  
21 exclude the proposed development, which resembles a traditional residential development  
22 more than a medical facility of any kind.

23 Intervenor responds that the city council properly found that the proposed  
24 development qualifies as an “assisted residential facility.” Intervenor points out that the city  
25 council added that language to the definition of “medical facility” with this specific proposal  
26 development in mind. According to intervenor, the facility as a whole meets the definition of

1 “medical facility,” because it will provide or coordinate two or more of the types of medical  
2 care listed in CJZO 17.08.537. To further ensure that the facility qualifies as an “assisted  
3 residential facility” and “medical facility,” intervenor argues that the city appropriately  
4 conditioned development on a requirement that residential units be occupied only by  
5 residents qualifying for care under state-licensed care-giving agencies.

6 We agree with intervenor that petitioner has not demonstrated that the city erred in  
7 concluding that the proposed development qualifies as an “assisted residential facility” and  
8 “medical facility.” While the text and context of CJZO 17.08.537 give little indication of the  
9 city council’s intent in adopting Ordinance 477, petitioner does not dispute intervenor’s  
10 claim that the city council intended that ordinance to clarify that the very same development  
11 at issue here qualifies as an “assisted residential facility.” Petitioner does not dispute that the  
12 proposed facility will provide or coordinate at least two of the types of medical care listed in  
13 CJZO 17.08.537.

14 Further, presumably to address concerns raised that the residential units may be  
15 occupied by persons not requiring assisted care, and thus convert the development into  
16 something other than an “assisted residential facility,” the city imposed Condition 5.  
17 Petitioner argues that there is no evidence that Condition 5 can be met, citing statements  
18 attributed to a representative to the state agency that licenses assisted living and residential  
19 care facilities that (1) there is a moratorium on the development of assisted living facilities in  
20 the area of the state including the city, and (2) the agency is unaware of any proposal to  
21 license such a facility in the city. Record 80-81. However, condition 5 does not require that  
22 the facility itself be licensed as an assisted living or residential care facility, as those terms  
23 are used under state law. Rather, Condition 5 requires that the residents qualify for care  
24 “under a State of Oregon licensed private duty care-giving agency.” Petitioner does not  
25 explain why that condition cannot be met, or why a facility that complies with Condition 5  
26 does not qualify as an “assisted residential facility” for purposes of CJZO 17.08.537.

1 LUBA must defer to the city council’s interpretation of local land use legislation that  
2 is consistent with the plain language, purpose and policy underlying that legislation.  
3 ORS 197.829(1).<sup>1</sup> For the foregoing reasons, we cannot say that the city council’s view that  
4 the proposed development qualifies as an “assisted residential facility” and “medical facility”  
5 as defined by CJZO 17.08.537 is reversible under ORS 197.829(1).

6 The first, second and third assignments of error are denied.

7 **FOURTH ASSIGNMENT OF ERROR**

8 Petitioner argues that the location of one of the property boundaries between the  
9 subject property and an adjoining property is disputed, and may be challenged in court.  
10 Although petitioner does not explain why, we understand petitioner to contend that the city  
11 erred in approving the proposed development without resolving that boundary dispute or  
12 ensuring that its resolution would not affect lot sizes within the development.

13 Intervenor argues that petitioner waived this issue by failing to raise it below.  
14 ORS 197.763(1); 197.835(3). On the merits, intervenor disputes that petitioner has  
15 demonstrated that the city erred in approving the development without resolving any  
16 potential boundary dispute or ensuring that resolution of any dispute would not affect lot  
17 sizes.

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<sup>1</sup> ORS 197.829(1) provides:

“[LUBA] shall affirm a local government’s interpretation of its comprehensive plan and land use regulations, unless the board determines that the local government’s interpretation:

- “(a) Is inconsistent with the express language of the comprehensive plan or land use regulation;
- “(b) Is inconsistent with the purpose for the comprehensive plan or land use regulation; [or]
- “(c) Is inconsistent with the underlying policy that provides the basis for the comprehensive plan or land use regulation[.]”

1           Petitioner does not cite to any place in the record where any party raised this issue.

2   Accordingly, it is waived.

3           The fourth assignment of error is denied.

4           The city's decision is affirmed.