

Clay County Department of Development Services Division of Planning and Zoning
Application for Mobile Home for Medical Hardships



Owners / Applicant Name: _____

Address: _____

Parcel ID: _____ Phone: _____ Email: _____

Name of Family Member with Hardship: _____ Relationship to Owner: _____

Total Acreage of the Property: _____ The Hardship is for: Primary Resident Family Member of the Primary Resident
Required Attachment(please check): Certified Physician Letter

Owners Affirmation / Acknowledgement

I hereby affirm and agree that I am the legal owner of the aforementioned property and to the following:

- (1) The use must be accessory to the primary residential use which otherwise lawfully exists.
- (2) The mobile home must be used exclusively to house a family member of the head of the household, or of his or her spouse, of the primary residence, together with the immediate family of such member, under circumstances whereby either:
 - (i) such a family member suffers from a medical hardship which requires constant or recurring physical care and assistance from a family member residing in the primary residence; or
 - (ii) a family member residing in the primary residence suffers from a medical hardship which requires constant or recurring physical care and assistance from the family member residing in the mobile home.
- (3) The use authorized hereunder may lawfully continue, and any permit issued hereunder shall remain valid, only so long as all of the conditions described in this paragraph continue to exist, the additional living accommodations are necessary to avoid undue hardship, and the medical hardship clearly exists. Once the conditions authorized hereunder no longer exist, the permit shall be deemed expired and the mobile home must be removed within sixty (60) days.
- (4) I acknowledge the following definitions:
 - (i) **Family member.** Mother, father, brother, sister, child, grandchild, grandparent, great-grandparent, adopted child, adopted grandchild, and the spouse or in-law of any such person.
 - (ii) **Medical hardship.** A condition of health requiring constant or recurring physical care and assistance, as stated in writing by a duly licensed physician. An original letter from the physician on the physician's letterhead shall be submitted annually from the date of issuance.
- (5) The use authorized hereunder may commence and thereafter continue only under a valid permit therefore issued by the Planning and Zoning Department. Such permit and each renewal thereof shall only be valid for a period of one (1) year from the date of issuance, and may be renewed annually so long as the conditions provided under this paragraph continue to exist. In the event the permit expires, is revoked, or is non-renewed, the use must be terminated immediately, and all permits issued by the Building Department for the mobile home shall be deemed revoked, any such permits having been deemed hereby to have been issued conditioned upon the continued existence of the permit or renewal of the permit provided under this sub-paragraph.
- (6) The mobile home shall be located as close to the primary structure as possible while still complying with all applicable setbacks required in the Code.

Owners Signature _____ Print Name: _____ Date: _____

Official Use

Application Number: _____ Zoning: _____ Land Use: _____ Date Received: _____

Application Received By: _____