

Mobile Home for Medical Hardships

Owners/Applicant Name: [Redacted]

Address: [Redacted]

Parcel ID: [Redacted] Phone: [Redacted] Email Address: [Redacted]

Name of family member with hardship: [Redacted] Relationship to Owner: [Redacted]

Total acreage of the property: [Redacted] This hardship is for: Primary Resident

Required Attachment: Certified physician letter Family member of the primary resident

Owners Affirmation/Acknowledgment

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 their spouse, of the primary residence, together with the immediate family of such member, under circumstances whereby either:

- Such a family member suffers from a medical condition hardship which requires constant or recurring physical care and assistance from a family member residing in the primary residence or
- a family member residing in the primary residence suffers from a medical hardship that 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 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:
 - **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.
 - **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.



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5. The use authorized hereunder may begin and continue only under a valid permit, which the Planning and Zoning Department has issued. Such permit and each renewal thereof shall only be valid for one (1) year from the date of issuance. They may be renewed annually so long as the conditions provided under this paragraph continue to exist. In the event the permit expires, it 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 subparagraph.

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: _____

