



Baker County Community Development

Building – Planning – Zoning – Code Enforcement

360 East Shuey Avenue
Macclenny, FL 32063

Office (904) 259-3354
Fax (904)259-5057

MEDICAL HARDSHIP

TEMPORARY USE PERMIT APPLICATION For a Mobile Home

The undersigned hereby applies for a temporary use permit as provided by the Baker County Land Development Regulations, Article III, and Section 24-143.d.1:

Property Owner's Name: _____

Address: _____

Phone: _____ Parcel ID# _____ - _____ - _____ - _____ - _____

Hardship Recipients Name:

Address: _____

Phone: _____

Relation to property owner:

Grandparent _____
Parent _____
Stepparent _____
Adopted Parent _____
Child _____

Stepchild _____
Adopted child _____
Grandchild _____
Sibling _____
Other _____

Location of Property: _____

Zoning Classification _____ Property Acreage _____

Number of Dwellings Currently on Property _____

Number of Dwellings on Property Authorized by Family Lot Temporary Use Permit _____

This application submitted by:

Owner

Agent

Date

Agent Address and Phone Number

Attachments

Items needed to process application

1. Proof of ownership in the form of a deed.
2. Property Ownership Affidavit
3. Agent Authorization, if applicable.
4. Map of access to property showing ingress/egress
5. Survey of property
6. A notarized letter from an attending physician that a medical hardship exists which requires that the infirmed resident have continuous supervision.
7. Attachment A must be signed by the owner/agent and permittee and returned with the application.
8. Attestment

ATTACHMENT "A"

Sec. 3.05.22 Hardship, Medical

A permit for a temporary mobile home to facilitate a medical hardship may be granted by the Planning Director if the following standards are met:

- A. The minimum lot size for the use of the mobile home for medical hardship shall be one-half acre with minimum front and rear yard setbacks of 25 feet and a minimum side yard setback of 10 feet.
 - B The lot shall have direct access to a public street, an approved private street or access to said streets by an access easement. The driveway connection must meet applicable standards so as to reduce erosion and drainage problems.
 - C. No more than one mobile home shall be permitted on the same site as that of the permitted use, which dwelling shall be occupied.
 - D. The mobile home shall not have significant adverse effect on natural resources or surrounding agricultural uses; shall have a County Department of Health approved well and septic tank installation and shall meet all requirements of local building and zoning codes.
 - E. The temporary mobile home shall consist of a minimum of 600 square feet of living area.
 - F. The use shall be temporary in nature and subject to renewal every year.
 - G. The applicant shall provide proof in the form of a notarized letter from an attending physician that a medical hardship exists which requires that the infirmed resident have continuous supervision.
 - H. Each year that the medical hardship continues to exist the applicant shall provide proof to the Planning Department verifying that the hardship continues to exist.
 - I. If, for any reason, the infirmed resident ceases to reside in the principal dwelling or the mobile home, the mobile home must be removed from the property within 90 days.
- RESTRICTION:** Mobile homes for medical hardship shall not be placed in zoning districts that are restricted to conventional housing units only.

Also, a Temporary Medical Hardship cannot be granted on a lot that has been divided out as a Family Lot see Section 3.05.12 H.

_____	_____
Property Owner	Hardship Recipient
_____	_____
Date	Date
_____	_____
Agent	Agent Address

Date	

MEDICAL HARDSHIP

ATTESTMENT

The property owner understands and agrees that the mobile home for medical hardship is temporary

in nature and is subject to renewal every three years. One year after the approval of the permit for the Temporary Mobile Home for Medical Hardship and every year thereafter, the applicant shall provide adequate proof in the form of a notarized letter from an attending physician that the hardship still exists which requires that the infirmed resident have continuous supervision.

If this property is located in a recorded subdivision and the Temporary Use Permit for Medical Hardship has been approved by the Planning Director, the property owner must certify that the deed restrictions do not prevent this accessory structure.

The property owner and hardship recipient agree and understand that if for any reason the infirmed resident ceases to reside in the principal dwelling or the mobile home, the mobile home must be removed form the property with 90 days.

The property owner certifies that he/she has granted permission to the hardship recipient to place his/her mobile home on this property and understands that the non-ad valorem assessment for solid waste and fire protection will be billed to the property owner's tax bill in future years. The property owner will be held responsible for any infraction to the Baker County Land Development Regulations as may occur as a consequence of the mobile home being on the property.

The hardship recipient and property owner hereby certify that the information on the Temporary Use Permit Application for Medical Hardship is true and correct and understands that any misrepresentation or false statements will render this permit void.

This permit will expire one year from the date of issuance.

Signature of Property Owner

Date

Signature of Hardship Recipient

Date

PROPERTY OWNERSHIP AFFIDAVIT

Date: _____

Baker County

Community Development Department
360 E Shuey Avenue
Macclenny, FL 32063

PROPERTY DESCRIPTION:

Parcel ID: _____ Lot #: _____

Street Address: _____

I, _____
Property Owner (Please Print) Property Owner (Please Print)

hereby certify that I am the owner of the above referenced property also described in the attached legal description in connection with filing application(s) for _____ submitted to the Baker County Community Development Department.

(Owner Signature)

(Owner Signature)

STATE OF FLORIDA
COUNTY OF _____

The foregoing affidavit was sworn and subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

(Notary Signature)

AGENT AUTHORIZATION

Date: _____

Baker County
Community Development Department
360 E Shuey Avenue

Macclenny, Florida 32063

PROPERTY DESCRIPTION:

Parcel ID: _____ Lot Number: _____

Street Address: _____

Property Owner: _____
(Please Print)

Property Owner: _____
(Please Print)

The undersigned, registered property owner(s) of the above noted property, do hereby authorize

_____, of _____
(Agent) (Name of firm)

to act as agent to file application(s) for the above referenced property and in connection with such authorization to file such applications, papers, documents, requests and other matters necessary for such requested change.

(Owner Signature)

(Owner Signature)

STATE OF FLORIDA
COUNTY OF _____

The foregoing affidavit was sworn and subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

(Notary Signature)