



LAND USE APPLICATION MEDICAL HARDSHIP PERMIT

Internal Use
File Number _____ Date Received _____ Deemed Complete _____ Fee _____

Applicant / Contractor:

Name(s) _____
Mailing Address _____
Phone _____ E-mail _____

Legal Property Owner: *(if different from applicant)*

Name(s) _____
Mailing Address _____
Phone _____ E-mail _____

Existing Property Description:

Township _____ Range _____ Section _____ Tax Lot _____ Zoning Designation _____
Physical Address _____
Located within a UGB? _____ If yes, which city? _____
Legal Access (e.g. road name) _____
General Location _____

Temporary Dwelling Type: Manufactured Home Recreational Vehicle Existing Dwelling

A medical hardship is a Special Use of a manufactured home, recreational vehicle or an existing dwelling necessary for a relative or other designated caregiver to care for or provide custody for an elderly, mentally handicapped, or infirm person whom a medical professional certifies needs this kind of care or custody. This certification will be on the medical professional's stationery or stamped by the medical professional's office, and will indicate that the patient is not physically or mentally capable of maintaining himself/herself in a residence on a separate property and is dependent on someone being close by for assistance. As an alternative, the medical professional can stamp and sign this application form available through the Planning Department for a medical hardship. Financial hardship conditions, child care, and other convenience arrangements not relating to physical and/or mental impairment are not considered an infirm condition.

No medical hardship permit shall be granted that would have the effect of creating a permanent zone change or result in a hardship when the use is not permitted to continue at the expiration of the permit period. Further, no medical hardship permit will be granted which has the effect of conferring a special privilege for which other property within the same zone would not be equally eligible.

NOTE: Applications for a medical hardship permit will be processed as a Conditional Use when the proposed hardship dwelling will be located in a Forest Use or Exclusive Farm Use Zone.

Please explain why the permit is requested _____

Signature: I(we), the undersigned, acknowledge that I am familiar with requirements of approval for a variance and propose to meet all standards set forth as outlined above. I certify that the statements and information provided with this application are true and correct to the best of my knowledge.

Signed: _____
Applicant Legal Property Owner

Printed: _____
Applicant Legal Property Owner

Date: _____

If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached.

Medical Hardship Statement:

Name of person in need of care _____

Relationship to applicant _____

Medical Doctor/Professional Statement of Medical Hardship: *(if not provided separately)*

Large empty rectangular box for providing the Medical Hardship Statement.