

APPLICATION FOR A TEMPORARY MANUFACTURED HOME

BASED ON MEDICAL HARDSHIP

Please read the Temporary Manufactured Home Regulations attached to this application. You must provide information showing that this is an extreme hardship as defined.

- Step 1: Complete the Temporary Hardship Placement Application
- Step 2: Provide your physician with the Doctor's Affidavit to complete. We must have the original affidavit and it must be notarized.
- Step 3: You must provide a boundary survey indicating all existing structures, as well as the proposed location of the temporary manufactured home. This plan must be drawn to scale.
- Step 4: If not on public sewer, you will need to verify with Environmental Health that the placement of this temporary manufactured home can meet requirements for a septic system. You may contact Environmental Health at (770) 479-0444. If this meets their requirements, you must provide a written statement of approval from Environmental Health and the date of the approval.
- Step 5: Bring original application with all attachments back to Planning and Zoning for verification.
- Step 6: Once complete, Planning and Zoning will distribute copies of your application to the Board of Commissioners for placement on their agenda for consideration. Planning and Zoning will notify you of the date, place, and time of this meeting.
- Step 7: Attendance at the Board of Commissioners Meeting is mandatory. Either you or a representative MUST attend this meeting.

After a decision is reached by the Board of Commissioners, we will notify you in writing of the decision. If approved, you will need to provide the approval letter to the Building Inspections Department to obtain a permit. You may contact their department at 678-493-6222 to determine any additional information you may need to obtain this permit.

****Please note that this hardship permit is for temporary placement only. It must be renewed after the initial period of 6 months is complete, unless notified otherwise by the Board of Commissioners****

DOCTOR'S AFFIDAVIT

The undersigned, being duly licensed to practice medicine in the State of Georgia, hereby certifies that he/she has examined or has personal knowledge of the health circumstances, of _____

(Please Print) (Patient).

Please mark either **Yes** or **No** for the following statements:

(1) The family relative for whom the temporary use of a mobile home is requested requires 24-hour nursing care involving the physical presence of a monitor, nurse or attendant or the presence of such monitor, nurse or attendant within voice communication of the attended relative. **Yes** () **No** ()

(2) The health or health related condition or disability of the family relative has existed for six (6) or more months before the date of the application for temporary use permit, or in the professional medical opinion of the physician completing the affidavit, the condition of disability is likely to continue for six (6) or more months. **Yes** () **No** ()

(3) Does the patient possess and use a valid motor vehicle operator's permit? **Yes** () **No** ()

Notary Signature

Physician's Name (Date)

Notary Seal

Physician's Signature (Date)

Name of Medical Center/Hospital

Street Address

City, State, Zip

Telephone

**REQUEST FOR TEMPORARY HARDSHIP PLACEMENT
CHEROKEE COUNTY, GEORGIA**

Please read the Temporary Manufactured Home Regulations before filling out this application

Applicant's Information

Name: _____

Street Address: _____

City: _____ Zip: _____ Phone #: _____

I am requesting this hardship for _____

Relationship to Applicant: _____

Property Owner's Information

Property Owner's Name: _____

Street Address: _____

City: _____ Zip: _____ Phone#: _____

Tax Map Number: _____ Parcel Number: _____ Zoning: _____

Acres: _____ Land Lot(s): _____ District: _____

Purpose of this hardship request _____

**PLEASE NOTE: THIS APPLICATION IS FOR TEMPORARY PLACEMENT ONLY. IT MUST BE
RENEWED AFTER THE INITIAL PERIOD OF 6 MONTHS IS COMPLETE.**

I ACKNOWLEDGE AND AGREE THAT THE GRANTING OF THIS HARDSHIP PERMIT IS ISSUED ON A TEMPORARY BASIS AND ONCE THE HARDSHIP NO LONGER EXISTS, THE MANUFACTURED HOME MUST BE REMOVED FROM THE PREMISES. FAILURE TO REMOVE THE MOBILE HOME FROM THE PROPERTY GRANTS CHEROKEE COUNTY THE RIGHT TO DO SO AT THE APPLICANT'S/OWNER'S EXPENSE.

****We require all property owners' signatures that are on the recorded deed****

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

_____ Date: _____

Owner of Mobile Home: _____

Article 7; Section 7.7-35(o)

Excerpt from Article 7 – District Uses and Regulations

7.7-35 Manufactured Home Regulations

- (o) A manufactured home may be temporarily placed upon an individual lot when the applicant can show extreme hardship resulting from loss of use of a home or building due to fire, flood or other damage making it unfit or unsafe for use or occupancy; resulting from extensive remodeling of a home or business making it unsuitable for use or occupancy; or a health or health related problem of a family member which warrants proximity of that relative for monitoring purposes. In cases of hardship, where a temporary use permit is granted, such use is limited to a period not to exceed twelve (12) months without specific written approval of the Board of Commissioners, who may require new evidence of the conditions upon which the hardship was based. **Prior to the issuance of a temporary use permit based on hardship, the applicant must execute a statement that he acknowledges and agrees that the permit is valid only so long as the conditions of the permit are met, that upon the termination of any of the conditions, the applicant shall cause the removal of the manufactured home at his own expense and failure to do so grants to Cherokee County the right to remove the same from the premises at the applicant's expense.**
- (1) An application for hardship due to the loss of use of a home or building due to fire, flood, or other damage making it unfit or unsafe for occupancy must be supported by affidavits as to the facts alleged, which affidavits are submitted to the Zoning Administrator at the time of application on the form provided by Planning and Zoning.
- (2) An application for hardship due to extensive remodeling of a home or building making the structure unsuitable for use or occupancy must be supported by affidavits as to the facts alleged, which affidavits are submitted to the Zoning Administrator at the time of application on the form provided by Planning and Zoning.
- (3) An application for hardship due to a health or health related problem of a family relative which warrants proximity of that relative for monitoring purposes must be supported by affidavits as to the facts alleged, which affidavits are submitted to the Zoning Administrator at the time of application on forms provided by Planning and Zoning. Both the lack of space within the applicant's home to accommodate the family relative and the health or health related problem must be evidenced and certified to the Zoning Administrator and the application based upon health considerations must be accompanied by an affidavit from a physician stating the health problems necessitating monitoring. The affidavit from the doctor stating the health problem shall contain the sworn statement of such physician that:
- (i) The family relative for whom the temporary use of a mobile home is requested requires 24-hour nursing care involving the physical presence of a monitor, nurse or attendant or the presence of such

monitor, nurse or attendant within voice communication of the attended relative; OR

(ii) The health or health related condition or disability of the family relative has existed for six (6) or more months before the date of the application for the temporary use permit, and/or in the professional medical opinion of the physician completing the affidavit, the condition of disability is likely or continue for six (6) or more months. (Ord. 2008-Z-002, 09-16-08)