

HENDRY COUNTY PLANNING AND ZONING DEPARTMENT

P.O. Box 2340
LaBelle, Florida 33975-2340
863-675-5240 • FAX: 863-674-4194

<i>For Office Use Only:</i>	
Date:	_____
Hearing No.:	_____
Fees:	_____
Check No.:	_____ or Cash _____
Strap No.:	_____

APPLICATION FOR MEDICAL HARDSHIP

Name of Applicant: _____

Address: _____

Tel: _____ Fax: _____ e-mail: _____

Name of Agent: _____

Address: _____

Tel: _____ Fax: _____ e-mail: _____

Property Address: _____

Property Acreage: _____

Future Land Use Designation on Property: _____

Zoning on subject Property: _____

Adjacent Zoning: North: _____ South: _____ East: _____ West: _____

Reason for Request: _____

HAS A ZONING HEARING BEEN HELD ON THIS PROPERTY IN THE PAST TWENTYFOUR (24) MONTHS? _____

If yes, application number or resolution number. _____

IS THIS HEARING BEING REQUESTED AS A RESULT OF A VIOLATION NOTICE? _____

If yes, to whom was the Violation Notice written? _____

All data and exhibits submitted in support of this application shall become a permanent part of the Public Records of Hendry County, Florida. **PLEASE SUBMIT ORIGINAL APPLICATION PLUS SIX COPIES OF ALL DOCUMENTS SUBMITTED.**

The procedures and data required in accordance with this application are found in Sections 1-51-8 and 1-53-6.15 of the Hendry County Code of Ordinances and are attached for reference.

SUBMITTAL REQUIREMENTS:

1. Original application.
2. Notarized letter of Owner's Authorization (attached).
3. Physician's certification of the medical condition of a family member with a medical hardship.

Sec. 1-51-8. Procedures for medical hardship special permit.

(a) *Application.* A landowner may apply for a special permit as authorized by subsection 1-53-6.15 of these regulations to allow a temporary second dwelling unit on a parcel of land for a family member with a medical hardship. If other than the landowner, the head of household must join in the application.

(b) *Fee; certification of medical condition.* The application must be accompanied by a fee as established by the board of county commissioners and a physician's certification of the medical condition of the family member with the medical hardship.

(c) *Notification procedures.*

(1) The director, upon receipt of an application, fee and medical certification, shall provide notification of the application as follows:

a. To the county administrator, the director of public works, and the county commissioner in whose district the subject property is situated by inter-office or first class mail or hand delivery.

b. To adjoining and other property owners within 750 feet of the subject property by first class mail.

c. By posting a conspicuous notice on the subject property.

(2) The notice shall clearly and conspicuously state that, unless an objection is filed with the director by a date certain, which date shall be not less than ten days from the date of mailing and posting of the required notices, the director may issue a medical hardship permit in accordance with section 1-53-6.15(b).

(d) *Procedures for granting or denial of permit by director.*

(1) If none of the notices required by subsection (c) have been returned as undeliverable and if no objection has been filed by the date stated in the notices, the director may, after determining that the proposed use would meet the requirements of section 1-53-6.15(b), issue a medical hardship permit to the applicant.

(2) If a notice sent by first class mail under the provisions of subsection (c) is returned as undeliverable before a permit is issued, the director shall attempt to make personal service on the person to be notified. If personal service cannot readily be made the director shall cause the notice to be posted on that person's property. In the absence of a written objection, the director may grant a medical hardship permit to the applicant in accordance with the preceding paragraph five days after such personal service or posting.

(3) In the event any person files written objection to the application, and such objection is not subsequently withdrawn in writing, the director shall not issue the requested permit.

(e) *Appeal to board of county commissioners.*

(1) In the event the director fails to issue a permit after an application is made hereunder, the applicant may appeal the denial to the board of county commissioners by completing a form provided by the director.

(2) An appeal filed under this section shall be decided by the board of county commissioners after a public hearing in which notice has been sent to each person who has previously objected to the application by first class mail no less than five days prior to the hearing, and such notice has been published in a newspaper of general circulation within the county no less than five days prior to the hearing.

(3) At or after such public hearing the board of county commissioners may grant a permit to the applicant, grant a permit with conditions, or deny the application.

(Ord. No. 2000-05, § 1, 2-22-2000; Ord. No. 2000-07, § 1, 3-14-2000; Ord. No. 2006-34, § 2, 8-22-2006)

1-53-6.15. Primary use.

(a) *Additional living units in single-family residential districts.* Except as provided by the following subsection or by specific provisions elsewhere in this code, no individual parcel of land in a single-family residential zoning district shall be permitted for more than one permanent residential structure or mobile home.

(b) *Medical hardship.*

(1) A mobile home constituting a second living unit on one parcel may be permissible by special permit in any district permitting mobile homes, [or] a guest cottage or garage apartment in other districts

where additional living accommodations are necessary and a clearly demonstrated medical hardship prevails upon an immediate family member of the head of the household.

(2) The immediate family is defined for this subsection as father, father-in-law, mother, mother-in-law, daughter, daughter-in-law, son, son-in-law, sister, sister-in-law, grandparents, step relations (relationship through the previous marriage of a spouse or through the remarriage of a parent rather than by blood) and certain other persons for whom the head of the household has been appointed legal guardian. The medical hardship must be substantiated with a written certification from a duly licensed physician that a medical hardship exists and that such hardship requires constant or recurring physical care and assistance. This hardship requires constant or recurring physical care and assistance. This hardship shall be subject to annual review and shall be discontinued when the hardship no longer exists. Should the hardship cease to exist prior to annual review it shall be the responsibility of the applicant to notify the zoning director immediately.

(3) The mobile home shall be removed within 60 days after the expiration of a special exception or cessation of the hardship.

A processing fee of \$500.00 is required. Checks should be made payable to the **Hendry County Board of County Commissioners.**

LETTER OF AUTHORIZATION

ATTEST:

We/I, _____, being first duly sworn, depose and say that we/I am/are the owners of the property described herein and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, including the disclosure of interest information, all sketches, data, and other supplementary matter attached to and made a part of this application, are honest and true to the best of our knowledge and belief. We/I understand that the information requested on this application must be complete and accurate and that the content of this form, whether computer generated of County printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted.

As property owner We/I further authorize _____ to act as our/my representative in any matters regarding this Petition.

(Signature of Property Owner)

(Signature of Property Owner)

(Typed or Printed Name of Owner)

(Typed or Printed Name of Owner)

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

(Signature of Notary Public – State of Florida)

State of Florida
County of Hendry

(Print, Type, or Stamp Commissioned
Name of Notary Public)