Board of County Commissioners
Development Services Department
Planning Services Division
7375 Powell Road, Suite 115 • Wildwood, FL 34785 • Phone (352) 689-4400 • FAX: (352) 689-4401
Website: http://sumtercountyfl.gov

Project # _____
Date Recv'd:_____
Planner: _____

MEDICAL HARDSHIP TEMPORARY USE PERMIT APPLICATION

Request: (Additional information may be attached)

_____

_____

_____

Dates of Use: _____

Applicant Information:

Name of Petitioner(s):

_____

_____

Mailing Address: _____

_____

Phone: _____

Email: _____

Property Information:
Legal Description of the property (lengthy descriptions may be attached)

_____

_____

Street Address: _____

Parcel #_____

Please Provide:

- ☐ **Deed or other proof of ownership**
- ☐ **Signed authorization if applicant is not the land owner**
- ☐ **Site plan/sketch (showing boundaries of intended use and RV/mobile home placement)**
- ☐ **Signed letter from Florida licensed MD or DO**

As the owner/agent, I understand any action on my application will be governed by Sumter County's Comprehensive Plan and Land Development Code, and my payment of the non-refundable application fee will not guarantee approval.

Under penalties of perjury, I declare the above information that I have given to be true and correct to the best of my knowledge and belief.

_____ _____
Signature **Date**

_____
Print Name

Building permits may be required for installation or use of the temporary structure following approval.

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MEDICAL HARDSHIP TEMPORARY USE PERMIT INFORMATION

- A second principal residence on one (1) parcel of record may be permitted in cases of extreme medical hardship. The temporary residence may be an RV or mobile home that is needed to house a caregiver or care receiver.
- A temporary residence in the case of extreme medical hardship may be approved for a maximum of one year. Renewals require a public hearing before the Zoning Adjustment Board.
- The second principal residence must be removed from the property within the time frame noted in the temporary use permit as approved, but no later than ninety (90) days after the expiration of the temporary use permit, or not later than ninety (90) days after recovery or relocation of the person receiving care, whichever occurs first.
- The caregiver and care receiver must reside on the property on a full-time basis during the time frame noted in the temporary use permit as approved. Occupants of the second principal residence shall be restricted to the caregiver or care receiver, the caregiver's or care receiver's spouse or partner, and the minor children of the caregiver or care receiver's spouse or partner.
- A signed letter from a Florida licensed medical doctor or doctor of osteopathy, which shall include his or her license number, stating the requirement for continuous necessary medical care and oversight of the care receiver must accompany the application for recognition of hardship under this section.
- Any permits required for the installation of the temporary structure shall be obtained prior to use.

MEDICAL STATEMENT FOR CONSIDERATION OF CARE GIVER OR CARE RECEIVER ASSISTANCE

Date: _____

Patient's Name: _____

The above named patient has requested a temporary use permit to allow a second residence on the property because of extreme medical hardship. Generally, this is requested when, due to illness or other infirmity, on-site assistance is required for the patient's health and well being.

Please affirm that due to medical concerns, your patient requires continuous necessary medical care and oversight that requires an on-site caregiver.

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.
PHYSICIAN'S NAME & ADDRESS
(Please type or print)

_____

_____

_____

_____
Examining Doctor's Signature

_____
Examining Doctor's State Medical License Number

<u>This document</u> must be signed by a Medical Doctor (MD) or <u>Doctor of Osteopathy (DO).</u>