

Application for Hardship Exception

Office Use Only				
Tracking Number	Date Received	Date of Review	Date Approved	Section/Township/Address

Application must be accompanied by a site plan showing the location of the proposed placement of the mobile home and proof that an adequate septic system is in place and capable handling the additional flow. Additional information may be required upon request. Please attach any other information that you believe will be helpful in reviewing your application.

Please Print All Information.

1. Applicant Information			2. Property Owner Information (If different than Block 1)		
First Name	Last Name		First Name	Last Name	
Company Name			Company Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone Number (area code)	Fax or E-mail	Cell Phone	Phone Number (area code)	Fax or E-mail	Cell Phone

4. Legal Description (Property for which Hardship Exception is requested)

7. Summary of Fact (why Exception is needed). Provide additional pages if necessary.

<p>I hereby attest the truth and accuracy of all facts and information presented on this application and as part of this application. Furthermore, I understand and agree that this mobile home is to be used only as living quarters for _____ so that I may provide assistance with day to day activities. Upon such time the individual named above is no longer able to reside in this mobile home, I understand and agree to remove it within 60 days from the last date of occupancy.</p>		<p>This application must be approved before any certificate or permit will be issued by the Zoning Administrator. The Hardship Permit must be renewed on an annual basis from the date of issuance and the renewal must be accompanied by a physicians statement that the individual is capable of living on their own with minimal assistance.</p>
Applicant Signature:	Date:	
Owner Signature (unless same as applicant):	Date:	