Forsyth County Department of Planning & Community Development
110 E. Main Street, Suite 100 | Cumming, Georgia 30040 | (770) 781-2115 | forsythco.com

MEDICAL HARDSHIP - SUPPLEMENTAL APPLICATION

In the A1, R1, R2, LR and Res1 districts, a manufactured home may be installed in the rear yard of a lot containing a detached single family home for care of the infirm. This supplemental application is required for medical hardship applications.

A. PHYSICIAN'S CERTIFICATION (REQUIRED FOR All APPLICANTS):

Name of person with medical condition: _____

Description of condition: _____

_____ 1) In my professional medical opinion, the person named above suffers from the above health problem, health condition, or disability. The above issue necessitates monitoring and has existed for six (6) months or more before the date of this application or, is likely to continue for at least six (6) months.

The undersigned has personally appeared before me, a Notary Public, and states upon oath and by initialling, that he/she has read, understands, and certifies the above statement is correct and the truth.

Printed Name of Physician:_____ Date:_____

Signature of Physician: _____ Date:_____

Signature of Notary: _____ Date: _____

Notary Stamp
(if applicable)

B. APPLICANT CERTIFICATION (REQUIRED FOR All APPLICANTS): PLEASE READ AND INITIAL THE FOLLOWING 3 STATEMENTS.

_____ 1) I have read and understand the requirements as set forth in the Unified Development Code (UDC), Chapter 16, Section 16-4.18, Manufactured / Mobile Homes for Health Hardships. I understand that it is my responsibility to notify the department of any changes in my medical hardship status.

_____ 2) I understand that if this medical hardship variance request is granted, then the director will grant a temporary use permit for a period of twelve (12) months from date of the Zoning Board of Appeals public hearing decision. After the initial twelve (12) month period, the director may renew the temporary use permit annually for an additional twelve (12) month period as long as a) the medical hardship still exists and is verified, and b) no complaints have been received about the temporary use. The director also, at his or her discretion, refer the application back to the Zoning Board of Appeals for direction.

_____ 3) I understand that any granted temporary use permit is valid only so long as the conditions of the permit are met, and that upon termination of any of the conditions, the applicant shall terminate the use of the mobile home as an accepted residence and remove it from the property within 30 days.

The undersigned has personally appeared before me, a Notary Public, and states upon oath and by initialling, that he/she has read, understands, and agrees to comply with each of the above three (3) applicant certifications.

Printed Name of Applicant:_____ Date:_____

Signature of Applicant: _____ Date:_____

Signature of Notary: _____ Date: _____

Notary Stamp
(if applicable)