

# FREMONT COUNTY BOARD OF ZONING ADJUSTMENT

## MEDICAL HARDSHIP WAIVER APPLICATION

OWNER / APPLICANT

HARDSHIP PERSON(S)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_

City / State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

DOCUMENTATION INFORMATION (copies of documentation for each dwelling unit for the following shall be provided):

Proof of Ownership / Current Deed of Record / Recording Information: Book \_\_\_\_\_ Page \_\_\_\_\_ Reception # \_\_\_\_\_

Proof of Water: Primary Dwelling \_\_\_\_\_ Temporary Dwelling \_\_\_\_\_

Proof of Sanitation: Primary Dwelling \_\_\_\_\_ Temporary Dwelling \_\_\_\_\_

GENERAL INFORMATION:

The Subject Property is located in the \_\_\_\_\_ Zone District.

Type of Construction / Primary Dwelling: ( ) Frame ( ) Manufactured ( ) Mobile ( ) Other \_\_\_\_\_

Type of Construction / Temporary Dwelling: ( ) Manufactured ( ) Mobile

Is the Subject Property located in a designated Flood Plain? ( ) YES ( ) NO

Is the Subject Property located in a designated Mine Subsidence Area? ( ) YES ( ) NO

SITE SPECIFIC DEVELOPMENT INFORMATION:

Development Requirements of the Zone District	Primary Dwelling	Temporary Dwelling
Minimum Lot Size: _____ Acres _____ Square Feet	_____ Ac. _____ Sq. Ft.	_____ Ac. _____ Sq. Ft.
Dwelling Size: _____ Square Feet	_____ Square Feet	_____ Square Feet
Square Feet of Accessory Buildings and Structures	_____ Square Feet	_____ Square Feet
Maximum Allowed Lot Coverage: _____ Sq.Ft. _____ %	_____ Sq.Ft. _____ %	_____ Sq.Ft. _____ %
Minimum Lot Width: _____ Feet	_____ Feet	_____ Feet
Minimum Allowed Front-Yard Setback: _____ Feet	_____ Feet	_____ Feet
Minimum Allowed Rear-Yard Setback: _____ Feet	_____ Feet	_____ Feet
Minimum Allowed Side-Yard Setback: _____ Feet	_____ Feet	_____ Feet
Minimum Allowed Side-Yard Setback: _____ Feet	_____ Feet	_____ Feet
Maximum Building Height: _____ Feet	_____ Feet	_____ Feet
Required Number of Off-Street Parking Spaces: _____	_____ Spaces	_____ Spaces

REQUIRED ATTACHMENTS (The following attachments shall be made and marked accordingly):

- A. Copy of the Current Deed of Record for the Subject Property.
- B. Copy of the Documentation Insuring that both Dwellings have adequate Proof of Water.
- C. Copy of the Documentation Insuring that both Dwellings have adequate Proof of Sanitation.
- D. Letter requesting the Medical Hardship Waiver, explaining the circumstances necessitating the Waiver and listing the occupants of both dwellings.
- E. Completed Doctor's Information Form.
- F. Notarized Awareness and Removal Letter.
- G. Floor Plan Sketches for both Dwelling Units.
- H. Improvement Location Certificate, Certified Plot Plan or Survey Plat indicating the size and location of all existing and proposed improvements, performed by a Colorado Licensed Professional Land Surveyor.

I, \_\_\_\_\_ am fully aware that this waiver if granted is for the temporary placement of a hardship dwelling unit and such temporary unit will be removed from the property when the circumstances necessitating the hardship cease. I also understand that I will be required to submit an updated Doctor's Form annually to the Fremont County Board of Zoning Adjustment and that a representative from the Fremont County Department of Planning and Zoning will make an annual inspection of the property and dwellings located thereon, if this Waiver is granted. I understand that the Fremont County Board Of Zoning Adjustment may require additional information and that if approval is granted the Board may place conditions on such approval. Further I understand that the all adjacent property owners, of the subject property will be notified and a notice of public hearing will be published in a local newspaper at my expense.

**By signing this Application, the Applicant, or the agent / representative acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of Applicant's knowledge and belief.**

**Fremont County hereby advises Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of Commissioners may take any and all reasonable and appropriate steps to declare actions of the Board of Zoning Adjustment regarding the Application to be null and void.**

**Signing this Application is a declaration by the Applicant to conform to all plans, drawings, and commitments submitted with or contained within this Application, provided that the same is in conformance with the Fremont County Zoning Resolution.**

**Applicant understands that any required private or public improvements imposed as a contingency for approval of the application may be required as a part of the approval process.**

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date