

FREMONT COUNTY BOARD OF ZONING ADJUSTMENT
MEDICAL HARDSHIP WAIVER

DOCTOR'S FORM

The Fremont County Board of Zoning Adjustment (B.O.Z.A.) has the power to grant a **temporary waiver** from the requirements of the Fremont County Zoning Resolution, Section 3.5, which allows only one (1) primary use structure on any single lot, tract or parcel of land. In addition to the existing residence, the **temporary waiver** would allow the placement of a moveable dwelling unit onto a property, to be removed when the hardship ceases to exist. This **temporary waiver** request will be reviewed, by the B.O.Z.A., upon submittal of an adequate application and doctor's form. If granted, annual extensions may be obtained by the applicant submitting a letter of request for extension, with an updated doctor's form (doctor's form must be submitted annually), for the B.O.Z.A.'s review.

1. Doctor's Name: _____

Type of Practice: _____

Address: _____

Telephone Number: _____

2. Patient's Name: _____

Illness: _____

3. Does this illness require 24 hour-a-day assistance for the patient? Yes No

4. What type of assistance is required? _____

5. Comments: _____

Doctor's signature

Date