



Office of Planning and Zoning

Application for Temporary Housing *Care of the Infirm*

Owner's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Infirm Relative's Name: _____

The site address is: _____

Property must contain a minimum of five (5) acres. Acres: _____ Alternate Key # _____

Does Property Have: Central Water & Sewer? Yes _____ No _____; or

Individual Well and Septic? Yes _____ No _____

List Existing Structure(s) located on site and the use(s) of structures: _____

Please attach or affix a copy of a warranty deed, tax receipt or current property record card describing the property on which the temporary housing will be placed.

Owner(s) Signature

Owner(s) Signature

To be completed by Staff:

Application File: THCI# _____ Address #: _____ Date: _____

Filing Fee: _____ Zoning Clearance #: _____ Expiration Date: _____

Zoning of Property: _____ Future Land Use Designation: _____

The property must be at least five acres in size; what is the size of the parcel?: _____

_____ Approved _____ Not Approved If not approved, why/: _____

County Staff Name and Signature

OWNER'S AFFIDAVIT

STATE OF FLORIDA)

COUNTY OF LAKE)

BEFORE ME, the undersigned authority personally appeared _____

_____, who being first duly sworn on oath, deposes and says

1. That he/she is the fee-simple owner of the property legally described and attached to this application.
2. That he/she desires a temporary use of a mobile home for the care of an infirm relative.

(Owner's Signature(s))

STATE OF FLORIDA

COUNTY OF LAKE

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who ____did or ____did not take an oath.

Notary Public (Signature)

Print or type Notary Name

My Commission Expires: _____

(SEAL)

NOTE:

All Applications shall be signed by all the Owner(s) of the Property, or person duly authorized by the Owner(s) to sign. The authority authorizing such person other than the Owner(s) to sign must be attached.



Office of Planning and Zoning

Care of the Disabled or Infirm *Physician's Affidavit*

The information requested below is required by the Lake County Board of County Commissioners in order to process a permit for temporary housing on the owner's property for care of a relative (by blood or marriage) that is disabled or infirm.

As a condition of the permit, there must exist a medical necessity as determined by the infirm's attending physician. As the infirm's physician, please complete the questions below in order to assist in our determination:

Patient's Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Physician's Name: _____

Address: _____

Date the Physician last reviewed the Patient's file _____

Date the Physician last examined the Patient _____

How long have you been treating the patient for the medical condition for which medical assistance is necessary? _____

I assert, with a reasonable degree of medical certainty that the patient's physical limitations may be appropriately attended to by the caregiver. _____ YES _____ NO

Do you anticipate the patient's medical condition(s) to be in existence for a period of time to exceed twelve (12) months? _____ YES _____ NO If no, please explain: _____

The above information, provided to the Lake County Board of County Commissioners, is true and factual to the best of my medical knowledge and belief.

Signature of Attending Physician: _____

Attending Physician's Medical License # _____ Date: _____

STATE OF FLORIDA COUNTY OF LAKE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who _____ did or _____ did not take an oath.

(SEAL)

Notary Public (Signature)

My Commission Expires: _____

To be completed by staff:

THCI # _____



Office of Planning and Zoning

Temporary Housing for Care of the Infirm *Agreement*

AGREEMENT between Lake County, Florida, a political subdivision of the State of Florida, hereinafter the "County" and _____, hereinafter the "Property Owner(s)" regarding the temporary housing for the care of the infirm, terminally ill or disabled persons.

1. In accordance with subsection 10.05.02.D, Lake County Code, Appendix E, Land Development Regulations, the Property Owner(s) hereby agrees to all terms and conditions contained with Section 10.05.00, including but not limited to:
 - A. Zoning District and Parcel Size The lot or parcel on which the mobile home is to be placed must be located within an Agricultural or Residential zoning district and contain a minimum of five (5) acres. Such lot or parcel must meet all other requirements of the applicable zoning district.
 - B. Required Documentation. Documentation of the need for health care or living assistance shall be supplied by a physician's affidavit on a form to be provided by the County. The affidavit must be signed and dated by a physician who is licensed to practice medicine in the State of Florida. Such affidavit shall certify that the individual seeking approval under this Section must be infirm, terminally ill or disabled and requires assistance with health care or daily living.
 - C. Access. The Lot or parcel must have adequate access to a public right-of-way. Such access must be in existence at the time of application for approval and shall not be established for the sole purpose of serving the second temporary residence.
 - D. Agreement. The owner(s) shall execute an agreement with the County, which shall be signed by the County Manager or designee on behalf of County, in which applicant agrees to all the terms and conditions of this Section. This agreement must be recorded in the public records of Lake County prior to issuance of a Building Permit.
 - E. Setbacks. The temporary dwelling shall be located behind the established front building line of the primary residence and shall be set back from side and rear property lines a minimum of fifty (50) feet.
2. Notification by Property Owner(s); Termination of Temporary Use; Removal of Mobile Home. Upon the need for the temporary use expiring, as in the case where the individual who is infirm, terminally ill or handicapped moves or dies, the applicant Shall notify the County within thirty (30) days and the temporary housing approval Shall be terminated. At the termination of the

temporary housing approval for this reason, or because of non-renewal, the mobile home Shall be removed from the property, and any well or septic tank used only for the temporary dwelling properly abandoned.

3. The Property Owner agrees that a violation of any term or condition of Section 10.05.00 shall subject the Property Owner to the jurisdiction of the Lake County Code Magistrate.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the respective dates under each signature.

Property Owner(s):

State of Florida

County of Lake

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Signature of Acknowledge

(SEAL)



Office of Planning and Zoning

Surety Bond *Non-Conforming Zoning Use*

SURETY BOND given by _____, as principal, alternate key # _____, County of Lake, State of Florida, and _____ as surety, as a corporation duly incorporated under the laws of the State of Florida or authorized to do business in the State of Florida, and duly licensed to transact a surety business in the State of Florida, to the Lake County Board of County Commissioners, as obligee, of the County of Lake, State of Florida.

RECITALS

1. Principal and surety are bound to obligee in the sum of FIVE THOUSAND DOLLARS (\$5,000.00), for the payment of which principal and surety jointly and severally bind themselves, their successors, assigns, and legal representatives.
2. Principal and obligee have entered into a written agreement, herein called the Agreement, which was executed on _____, 20____, in the County of Lake, State of Florida, a copy of which is attached hereto and incorporated herein by reference.

SECTION ONE DURATION

This obligation shall run continuously and shall remain in full force and effect until and unless the bond is terminated and cancelled as provided herein or as otherwise provided by law.

SECTION TWO LIMITATION

This bond covers only the original agreement.

SECTION THREE CONDITION OF OBLIGATION

If principal fully performs its obligations by removing the mobile home as directed, this obligation shall be void; otherwise the obligation under the Agreement shall remain in full force and effect, subject only to the following provisions of this bond.

SECTION FOUR NOTICE

No liability shall attach to surety hereunder unless upon discovery of any fact or circumstances indicating a possible claim hereunder, written notice thereof containing all details then known is given to surety at its principal office at _____, County of Lake, State of Florida.

SECTION FIVE COMPLETION OF ORIGINAL AGREEMENT; SUBROGATION

In case of default by principal, surety may assume and complete or procure completion of the obligations of principal, and surety shall be subrogated and entitled to all the rights and properties of principal arising out of the original agreement.

SECTION SIX
EXTENT OF LIABILITY

The maximum amount of the liability of surety by virtue of this obligation shall be no more than **FIVE THOUSAND DOLLARS (\$5,000.00)**, together with the interest due thereon.

SECTION SEVEN
VENUE OF ACTION ON BOND

SECTION EIGHT
SEVERABILITY

If any one or more of the provisions of this bond are determined to be illegal or unenforceable by a court of competent jurisdiction, all other provisions shall remain effective.

SECTION NINE
BINDING EFFECT OF AGREEMENT

This bond shall be binding on surety and its successors, assigns, and legal representatives.

IN WITNESS WHEREOF, principal and surety have executed this bond at _____
_____, on _____, 20____.

Principal

Surety

State of Florida
County of Lake

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this
_____ day of _____, 20____, by _____
_____.

Personally Known OR Produced Identification

Type of Identification Produced _____

Notary Signature
(SEAL)