

## Franklin County Planning and Zoning Department

### Temporary Medical Hardship Agreement

**Submit: Complete Application; Sketch Plan; Physician's Letter; General Warranty Deed; Application & Recording Fee - \$84**

Applicant Name		
Marital Status (Required)		
Mailing Address		
City, State, Zip +4		
Phone	Fax	Email
Township	North	Range
Section		
Tax/Parcel ID Number (16 Digits)		
Development Site Address		
Zoning District	Political Township	Total Acres
Subdivision Name		
<p><b>Statement of Eligibility:</b> I occupy an existing site-built home on the above described property. The proposed mobile home will be separated from my house by at least 25 feet and will be occupied by a member of my immediate family. <b>I understand the following:</b> <b>1)</b> this will be a temporary arrangement to alleviate a hardship situation and that the mobile home will be removed within 60 days of the date that the hardship ends; <b>2)</b> any and all sewer and water systems must meet with the approval of the Department of Health and the Franklin County Building Code, or any other public agency having jurisdiction; <b>3)</b> I must submit proof of medical need (signed by a physician) at the time of application and biennially hereafter.</p>		
<b>Occupant of Mobile Home:</b>		<b>Relationship:</b>
Signature of Applicant ➡		Date
Printed Name of Applicant ➡		
<p>STATE OF MISSOURI, County of Franklin }</p> <p style="text-align: center;">On _____, 20_____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that _____ executed the same as _____ free act and deed. <b>IN TESTIMONY WHEREOF</b>, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year last above written.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><b>Notary Public</b></p>		
<b>Office Use Only - To Be Completed Upon Approval</b>		
<p>Your request to place more than one dwelling on a single tract of land on a temporary basis is hereby, subject to the conditions to which you hereby agree as evidenced by your signature above. This request shall in no way be interpreted to be a variance or exemption to Franklin County Unified Land Use Regulations and may be revoked for just cause.</p>		
Signature of Planning Director ➡		Date
Printed Name of Planning Director ➡		

**\*\*ONCE COMPLETED, THIS FORM IS NOT AVAILABLE TO THE PUBLIC\*\***

## **Application Addendum**

*Applicant/Signer Information Form*

\_\_\_\_\_  
Full Name (First, Middle(s), and Last)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address (if different than application) – **CANNOT BE P.O. BOX**

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

CLOSED RECORD