



Medical Hardship Mobile Home Placement Conditional Use Verification Procedure & Checklist

Within the AG (Agriculture) or AR (Agriculture Residential) zoning districts, when a relative becomes ill and suffers from illnesses which require constant care, a mobile home may be allowed to be placed on the property along with the primary dwelling in order to provide supervised care of one's loved one. Clay County prohibits there to be two primary dwellings on one piece of property so this conditional use provides an exemption from that regulation.

General Requirements and Prohibitions for a Medical Hardship

- (1) The use must be accessory to the primary residential use which otherwise lawfully exists.
 - (2) The mobile home must be used exclusively to house a family member of the head of the household, or of his or her spouse, of the primary residence, together with the immediate family of such member, under circumstances whereby either:
 - (i) such a family member suffers from a medical hardship which requires constant or recurring physical care and assistance from a family member residing in the primary residence; or
 - (ii) a family member residing in the primary residence suffers from a medical hardship which requires constant or recurring physical care and assistance from the family member residing in the mobile home.
 - (3) The use authorized hereunder may lawfully continue, and any permit issued hereunder shall remain valid, only so long as all of the conditions described in this paragraph continue to exist, the additional living accommodations are necessary to avoid undue hardship, and the medical hardship clearly exists. Once the conditions authorized hereunder no longer exist, the permit shall be deemed expired and the mobile home must be removed within sixty (60) days.
 - (4) For purposes of this paragraph, the following terms shall have the following definitions:
 - (i) *Family member.* Mother, father, brother, sister, child, grandchild, grandparent, great-grandparent, adopted child, adopted grandchild, and the spouse or in-law of any such person.
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- (ii) *Medical hardship.* A condition of health requiring constant or recurring physical care and assistance, as stated in writing by a duly licensed physician. An original letter from the physician on the physician's letterhead shall be submitted annually from the date of issuance.
- (5) The use authorized hereunder may commence and thereafter continue only under a valid permit therefore issued by the Planning and Zoning Department. Such permit and each renewal thereof shall only be valid for a period of one (1) year from the date of issuance, and may be renewed annually so long as the conditions provided under this paragraph continue to exist. In the event the permit expires, is revoked, or is non-renewed, the use must be terminated immediately, and all permits issued by the Building Department for the mobile home shall be deemed revoked, any such permits having been deemed hereby to have been issued conditioned upon the continued existence of the permit or renewal of the permit provided under this sub-paragraph.
- (6) The mobile home shall be located as close to the primary structure as possible while still complying with all applicable setbacks required in the Code.

Application Filing Procedures

Step 1. Do I meet the requirements for a Medical Hardship?

	Yes	No	Comments
1. Is your property zoned AG or AR?	<input type="checkbox"/>	<input type="checkbox"/>	Contact the Planning and Zoning Division to confirm (904) 278-4705
2. Do you have a family member that has been certified by a licensed physician that requires constant care and supervision?	<input type="checkbox"/>	<input type="checkbox"/>	A letter from a physician will be required.
3. Do you have enough land and or lot area to accommodate the additional mobile home meeting all zoning lot requirements?	<input type="checkbox"/>	<input type="checkbox"/>	Contact the Planning and Zoning Division to confirm (904) 278-4705 Confirmation will be based on the material provided.
4. Is the person with the illness a Mother, father, brother, sister, child, grandchild, grandparent, great-grandparent, adopted child, adopted grandchild, and the spouse or in-law of any such person.	<input type="checkbox"/>	<input type="checkbox"/>	Confirmation of the relationship status will be required.

If you answered yes to items 1, 2, 3, & 4 then proceed with Step 2.

Step 2. Applying for a Medical Hardship

Once it has been determined that you meet the requirements for a Medical Hardship you will then need to apply for a Medical Hardship Permit with Clay County. The application may be obtained at:

Clay County Planning and Zoning Division
477 Houston Street 3rd Floor
Green Cove Springs, FL 32043

Or download here: [Application for Medical Hardship](#)

The application will consist of two items, the application, the owner's property ownership affidavit as well as supplemental information provided by the Applicant.

Application: Items I and III are to be filled out by the applicant. This will include applicant contact information, parcel information, relative with hardship information, etc.

Property Ownership Affidavit: This is an affidavit from the owner that acknowledges they own the parent parcel of land.

Step 3. Filing the Application & Supplemental Information

Once you have filled out the application you are now ready to file the application with Clay County. Applications are to be filed at:

Clay County Planning and Zoning Division
477 Houston Street 3rd Floor
Green Cove Springs, FL 32043

You will need the following items:

Required Documents			
	Yes	No	Comments
Medical Hardship Application.	<input type="checkbox"/>	<input type="checkbox"/>	Provided by Clay County
Letter from a Certified Physician explaining the diagnosis and that constant care and observation is required or recommended.	<input type="checkbox"/>	<input type="checkbox"/>	
Property Ownership Affidavit	<input type="checkbox"/>	<input type="checkbox"/>	This is an affidavit stating that you own the property.
Fee	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00
Proof of relationship to the family member with hardship.	<input type="checkbox"/>	<input type="checkbox"/>	Birth certificate, marriage license, etc.

The Planning and Zoning Staff will accept the application and place it under consideration. A minimum of Three (3) days is required for review to ensure consistency with the Clay County Land Development Regulations. When complete, the Planning and Zoning Division will contact the applicant and let them know if the application has been approved.

If you have any questions regarding the application or procedure please contact the Clay County Planning and Zoning Division at (904) 278-4705.

Be advised that medical hardship applications are to be renewed annually along with the fee. Clay County will contact each permitted hardship for renewal.
