



KOOTENAI COUNTY

COMMUNITY DEVELOPMENT

BUILDING • CODE ENFORCEMENT • PLANNING

TEMPORARY HARDSHIP USE (THU) APPLICATION

A Temporary Hardship Use allows for a dependent person, who is a direct relative of the property owner, to reside in an accessory dwelling for up to two years on parcels where an existing primary residence has been established. The permit can be renewed every two years up until a time when the hardship no longer exists. At that time, the temporary residence shall be removed from the property. No more than one temporary dwelling shall be permitted per parcel. This use cannot be transferred from one owner to another upon sale or lease of the property.

CONTACT NAME: _____ PHONE: _____

CONTACT ADDRESS: _____

CONTACT EMAIL: _____

DEPENDENT NAME: _____ PHONE: _____

DEPENDENT EMAIL: _____

CO-DEPENDENT NAME: _____ PHONE: _____

CO-DEPENDENT EMAIL: _____

NATURE OF DEPENDENCY: _____

PROPERTY INFORMATION

OWNER NAME: _____ PHONE: _____

OWNER MAILING ADDRESS: _____

OWNER EMAIL: _____

THU SITE ADDRESS: _____

PARCEL NUMBER: _____ AIN: _____

**THE FOLLOWING DOCUMENTS ARE NEEDED IN ORDER TO
PROCESS AND APPROVE A TEMPORARY HARDSHIP APPLICATION.**

- 1. A written statement from a licensed physician on office letterhead, stating the nature of the medical dependency or physical or mental handicap.
- 2. Statement of how or what care will be provided by the Sponsor.
- 3. Site Plan showing location of the temporary use and distances from all other structures and property lines.
- 4. If the temporary use will lie within a water district, a written statement from the applicable agency acknowledging and approving the request.
- 5. Notarized Property Owner's Affidavit.
- 6. Application fee of \$230.00.

I hereby certify that the foregoing information and attachments hereto are accurate and true to the best of my knowledge.

PROPERTY OWNER PRINTED NAME

PROPERTY OWNER SIGNATURE

DATE

CONTACT PRINTED NAME

CONTACT SIGNATURE

DATE

OWNER'S AFFIDAVIT (THU)

STATE OF IDAHO)
County of Kootenai)

The undersigned property owner, being first duly sworn under oath, makes the following statement pursuant to Kootenai County Zoning Ordinance No. 493 as amended, Chapter 4 § 8.4.302, in support of an application for a Temporary Hardship Use:

- 1. I am over the age of 18 years, I make this affidavit voluntarily, and I am competent to testify concerning the facts stated herein based upon my personal knowledge.
- 2. I am the owner of the real property described as follows:

PARCEL NO.: _____ SERIAL NO./AIN: _____
 SECTION: _____ TOWNSHIP: _____ RANGE: _____
 LEGAL DESCRIPTION: _____

- 3. I agree to the following terms and conditions concerning any manufactured home placed on the real property described above:
 - A. The home will be temporary and removed immediately upon termination of occupancy by the dependent relative or family providing care;
 - B. The home will be removed immediately upon sale or lease of the property;
 - C. The home will be used exclusively for the dependent relative or family providing care;
 - D. The Temporary Hardship Use permit will not be transferred upon sale or lease of the property;
 - E. The Temporary Hardship Use is not in conflict with any recorded restrictive covenant, plat restriction or plat dedication; and
 - F. The home shall use the same physical address as the Sponsor's residence.
- 4. I agree to notify Kootenai County Community Development in writing of any substantial change in the medical status of the dependent relative. This information will be kept confidential to the extent allowed by law.
- 5. I certify that all the statements made in this Affidavit are true and correct under penalty of perjury. I understand and acknowledge that any false or misleading information provided to Kootenai County Community Development in connection with the Temporary Hardship Use will result in the immediate revocation of the Temporary Hardship Use Permit and possible civil or criminal penalties.

 PROPERTY OWNER'S PRINTED NAME
 PROPERTY OWNER'S ADDRESS: _____

 PROPERTY OWNER'S SIGNATURE

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

 NOTARY PUBLIC FOR IDAHO
 RESIDING: _____
 COMMISSION EXPIRES: _____