



TEMPORARY HARDSHIP UNIT APPLICATION
Kootenai County Community Development
Phone: (208) 446-1070

CASE NO. _____

Parcel #: _____ Serial # (AIN): _____

Acreage: _____ Zone: _____ Flood Zone: _____

Applicant Name _____ Phone _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Dependent Person Name(s) _____

Relationship to Applicant _____ Phone _____ E-mail _____

Property Owner Name _____ Phone _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Application Requirements:

	Req'd	Rcv'd		Req'd	Rcv'd
APPLICATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WATER DISTRICT WILL-SERVE LETTER	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICIAN STATEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEWER/SEPTIC SERVICE LETTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SITE PLAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER: _____	<input type="checkbox"/>	<input type="checkbox"/>
NOTARIZED OWNER AFFIDAVIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

NOTE: Please refer to the applicable code for a complete list of application requirements. More information may be required for a complete application.

PHYSICIAN STATEMENT: A written statement from a licensed physician on office letterhead, stating the nature of the medical dependence or physical or mental hardship.

SITE PLAN: Draw to scale and include a north arrow, property lines, the size and location of all existing and proposed structures, roads, driveways, lakes (ordinary high water mark), streams, easements, rights-of-way, wells, sewage systems, slopes, rock outcrops and stormwater systems. Show distances between features, particularly structures and property lines.

Please complete the following and attach any necessary explanations.

	YES	NO
Is the property located over the Rathdrum Prairie Aquifer?.....	<input type="checkbox"/>	<input type="checkbox"/>
Is the property at least 1 acre in size?	<input type="checkbox"/>	<input type="checkbox"/>
Has a building permit been submitted for the structure?	<input type="checkbox"/>	<input type="checkbox"/>
Is the parcel served by a public or private water system?	<input type="checkbox"/>	<input type="checkbox"/>
Is the parcel served by sewer district?	<input type="checkbox"/>	<input type="checkbox"/>
Is the proposal compatible with CC&Rs? Check Yes if N/A	<input type="checkbox"/>	<input type="checkbox"/>
Does the project meet the applicable THU Performance Standards?	<input type="checkbox"/>	<input type="checkbox"/>

FEES: THU \$195
 THU RENEWAL \$104

I UNDERSTAND:

- **Failure to provide a complete application will delay and may result in denial of your request.**
- *The Applicant is responsible for demonstrating that the proposal meets the requirements of Kootenai County Land Use and Development Code, the Comprehensive Plan, Idaho Code and the requirements of agencies.*
- *The Applicant is responsible for resolving any problems associated with the project.*
- *Fees are non-refundable.*
- *All submitted information, attachments, and exhibits are true and accurate to the best of my knowledge.*
- *I agree to inform the Kootenai County Community Development should there be a change in any of the above conditions with regard to my temporary hardship unit.*
- *This permit is not-transferable and shall terminate upon the sale or lease of the property.*
- *This permit shall be renewed every two years unless otherwise released.*
- *I do hereby agree to the conditions set forth and authorize Kootenai County Community Development to enter onto and inspect the property and structures that are the subject of this application.*

Property Owner/Authorized Agent Signature Date

Property Owner/Authorized Agent Signature Date

NARRATIVE

Please describe how the proposal meets the applicable standards and provide any additional details needed for ap

ORDER OF DECISION

Restrictions.

1. The applicant must be a holder of an interest in the property on which the temporary dwelling is to be located. The applicant shall also be a relative of the dependent person that will be occupying the temporary dwelling.
2. The parcel on which the primary single family residence exists and on which the temporary dwelling is to be permitted shall be a minimum of one (1) acre. No more than one (1) temporary dwelling shall be permitted per parcel.
3. The dependent person named in the application shall be the occupant of the temporary dwelling. When a dependent person no longer occupies the permitted dwelling, the permit shall become null and void and the temporary dwelling shall be removed from the site.
4. A Class A or Class B manufactured home may be used as the temporary dwelling. A manufactured home setting permit shall also be obtained from the Department prior to placing the housing unit on the site, and an occupancy permit shall be received from the Department before the manufactured home may be occupied by the dependent person named in the permit.
5. Structures which are to be used as the temporary dwelling, other than manufactured homes, shall meet the applicable standards set forth in the International Residential Code for a single-family dwelling. A building permit and occupancy permit shall be received from the Department before the structure may be occupied by the dependent person named in the permit.
6. The temporary dwelling shall be connected to an approved sewage disposal system. Utility and service connections of any type shall be in accordance with the applicable utility or service provider's requirements.
7. A temporary hardship use permit shall not be issued if covenants or plat dedications of the site restrict such use.
8. A temporary hardship use permit shall be renewed every two (2) years unless otherwise released. It shall be the responsibility of the permit holder to seek renewal of the permit.
9. A temporary hardship use permit is not transferable and shall terminate upon the sale or lease of the property on which the use is located.

Required Findings.

1. The Applicant has met the relevant application requirements.
2. The proposal is in compliance with the applicable standards for the proposed use without variances, or with such variances as may be approved by the Board.
3. The proposal is compatible with existing homes, businesses and neighborhoods, and with the natural characteristics of the area.
4. The proposal adequately addresses site constraints or hazards, and adequately mitigates any negative environmental, social and economic impacts.
5. Services and facilities for the proposal are available and adequate.
6. The proposal will meet the duly adopted requirements of other agencies with jurisdiction.

The Application for THU _____ has or has not met the restrictions, standards, and required findings as required by Kootenai County Land Use and Development Code, Ordinance 493, as amended, and is hereby:

Approved or Denied

Reason for denial, if applicable:

Conditions of Approval:

1. The permit must be renewed by _____ (two years from approval date), if the dependent person's status remains the same as presented in this application.
2. The THU shall be removed from the lot when the dependent person ceases to occupy it.
3. Failure to renew the permit by the approved date, or failure to notify the Director when the dependent person ceases to occupy the temporary dwelling, will be considered a violation of the permit subject to the enforcement action as set forth in Land Use and Development Code.
4. The applicant must obtain the applicable building and occupancy permits before the dependent persona can occupy the dwelling.

Planner: _____

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: _____