



APPLICATION FOR TEMPORARY HOUSING FOR CARE OF THE INFIRMED

Application File: THCI# _____
Date: _____
Filing Fee: \$275.00 _____

- 1. Owner's Name: _____
Address: _____
City _____ State _____ Zip Code _____
Telephone Number: (_____) _____
2. Infirm Relative's Name: _____
3. The property is located at (address):

4. Property must contain a minimum of five (5) acres. Acres: _____
5. Alternate Key # _____
6. Does Property Have: Central Water & Sewer? Yes _____ No _____; or
Individual Well and Septic? Yes _____ No _____
7. Property must be zoned Agriculture (A) or Ranchette (RA). Present Zoning of Property: _____
8. Future Land Use Designation: _____
9. List Existing Structure(s) located on site and the use(s) of structures: _____
10. Is this application being requested due to any Code Violation(s)? Specify the basis or reason(s) for this request. _____
11. 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

Zoning Staff

Owner(s) 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: (print all owner(s) names)

- 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.

(SEAL)

Notary Public (Signature)

Print or type Notary Name

Commission (serial) Number _____

My Commission Expires: _____

NOTE:

All Applications shall be signed 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.