



# Department of Growth Management

## Application for Temporary Housing *Care of the Infirm*

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Infirm Relative's Name: \_\_\_\_\_

The site address is: \_\_\_\_\_

Property must contain a minimum of five (5) acres. Acres: \_\_\_\_\_ Alternate Key # \_\_\_\_\_

Does Property Have: Central Water & Sewer? Yes \_\_\_\_\_ No \_\_\_\_\_; or

Individual Well and Septic? Yes \_\_\_\_\_ No \_\_\_\_\_

List Existing Structure(s) located on site and the use(s) of structures: \_\_\_\_\_

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

\_\_\_\_\_  
Owner(s) Signature

**To be completed by Staff:**

Application File: THCI# \_\_\_\_\_ Address #: \_\_\_\_\_ Date: \_\_\_\_\_

Filing Fee: \_\_\_\_\_ Zoning Clearance #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Property must be zoned Agriculture (A) or Ranchette (RA).

Zoning of Property: \_\_\_\_\_ Future Land Use Designation: \_\_\_\_\_

The property must be at least five acres in size; what is the size of the parcel?: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved If not approved, why/: \_\_\_\_\_

\_\_\_\_\_  
County Staff Name and 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

- 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.

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Print or type Notary Name  
My Commission Expires: \_\_\_\_\_

(SEAL)

NOTE:

All Applications shall be signed by 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.