

PUTNAM COUNTY  
PLANNING & DEVELOPMENT SERVICES

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Zoning: 386-329-0316  
Building: 386-329-0307  
Code Enforcement: 386-329-0317

**TUP FOR SECONDARY LIVING UNIT  
DUE TO MEDICAL HARDSHIP APPLICATION**

1. Name of Property Owner(s): \_\_\_\_\_ Mailing Address(es)(Street, City, State, Zip)  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Parcel Number: \_\_\_\_\_

4. 911 Address:(Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

5. Zoning Designation: \_\_\_\_\_ Future Land Use designation: \_\_\_\_\_

6. Associated Permit Number(s): \_\_\_\_\_

7. The Temporary Use Permit for a Secondary Dwelling Unit due to a Medical Hardship is for  
\_\_\_\_\_ (Applicant) who is the

- |                                        |                                         |                                       |                                        |                                  |
|----------------------------------------|-----------------------------------------|---------------------------------------|----------------------------------------|----------------------------------|
| <input type="checkbox"/> Parent        | <input type="checkbox"/> Adopted Parent | <input type="checkbox"/> Child        | <input type="checkbox"/> Adopted Child | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Stepparent    | <input type="checkbox"/> Grandparent    | <input type="checkbox"/> Stepchild    | <input type="checkbox"/> Grandchild    | <input type="checkbox"/> Sister  |
| <input type="checkbox"/> Parent-in-law | <input type="checkbox"/> Sibling-in-law | <input type="checkbox"/> Child-in-law |                                        |                                  |

8. Of the

- Property Owner                       Property Owner's Spouse

**Please Read and Initial the Following Statements**

- \_\_\_ I understand that once the medical hardship ends, one of the living units must be removed within 90 days using any necessary building permits for demolition or removal.
  
- \_\_\_ I understand this permit is limited to one (1) year. It may be renewed if the applicant submits all required documentation and payment to the Putnam County Planning and Development prior to the expiration date. It is the responsibility of the applicant to track the date of expiration and provide the appropriate forms.
  
- \_\_\_ I understand that this Temporary Use Permit for Secondary Dwelling Unit for a Medical Hardship is not transferable to any other family member. If the applicant ceases use and another takes their place, new permit information, to include fee, is to be submitted to Putnam County Planning and Development Services.
  
- \_\_\_ I understand the fee is nonrefundable even if the use does not continue for the entire allowable period of the permit.

|                  |                                                 |                             |              |
|------------------|-------------------------------------------------|-----------------------------|--------------|
| <b>Signature</b> |                                                 | <b>Telephone Number(s):</b> | <b>Date:</b> |
| _____            | (Property Owner)                                | _____                       | _____        |
| _____            | (Applicant to<br>Receive Secondary<br>Dwelling) | _____                       | _____        |
| _____            |                                                 | _____                       | _____        |

## MEDICAL HARDSHIP CERTIFICATION

Property Owner's Name:

Name of Person Requiring  
Care:

Name of Applicant to Receive  
Secondary Dwelling.

Applicant's Relationship to  
Property Owner:

Parcel Number:

911 Address:

Secondary 911 Address:

*This letter is to certify in accordance with the Putnam County Land Development Code, Article 2.05.14, that a medical hardship, as defined below, exists for an immediate family member of the property owner, which requires constant or reoccurring physical care and assistance.*

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Field/Specialty

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone Number

## **TUP FOR SECONDARY LIVING UNIT DUE TO MEDICAL HARDSHIP REGULATIONS**

Article 2, Division 5, Section 45-134 Secondary Living Unit. A secondary living unit may be allowed by temporary use permit in cases of medical hardship subject to the following:

- a. The applicant shall provide proof that the secondary living unit is necessary to house one or more immediate family members of the property owner who are receiving care by the property owner. An immediate family member includes only the following: Grandfather, grandmother, father, father-in-law, mother, mother-in-law, son, son-in-law, daughter, daughter-in-law, brother, brother-in-law, sister and sister-in-law.
- b. The applicant shall provide a written certification from a licensed physician that a medical hardship requires constant or recurring physical care and assistance.
- c. A secondary living unit must be constructed or erected in manner that is consistent with the zoning district.
- d. A site plan shall be submitted showing the location of the secondary living unit and the manner in which all setbacks and building separation requirements are met.
- e. The property on which a secondary living unit is placed shall not be subdivided so as to create two lots unless all requirements in this Code for the subdivision of land, including minimum lot size, and the density limitations of the applicable future land use designation are met.
- f. Once the medical hardship ends, one of the living units must be removed within 90 days.
- g. A temporary use permit for a secondary living unit shall be limited in duration to one year. The permit may be renewed based on a showing by the applicant that all requirements of this section have been and will be complied with and the provision by the applicant of an updated certification from a licensed physician as required in b above.