

PUTNAM COUNTY
PLANNING & DEVELOPMENT SERVICES

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Planning & Zoning: (386) 329-0491
Building: (386) 329-0307
Code Enforcement: (386)-329-0317
Website: www.putnam-fl.gov

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

1. Name of Property Owner(s): _____
2. Mailing Address(es):(street) _____
(city) _____ (state) _____ (zip) _____
3. Phone Number(s): _____
4. Email: _____
5. Parcel ID Number: _____
6. 911 Address: (street) _____
(city) _____ (state) _____ (zip) _____
7. Zoning Designation: _____
8. Future Land Use Designation: _____
9. Associated Permit Number(s): _____
10. If this is a renewal request, provide the permit number for the expiring TUP: _____
11. The Temporary Use Permit for a Secondary Dwelling Unit due to a Medical Hardship is for
_____ (Applicant) who is the (check one)

- | | | | | |
|--|---|---------------------------------------|--|----------------------------------|
| <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 | | |

12. Of the (check one)

- 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.

Signature		Telephone Number(s):	Date:
_____	(Property Owner)	_____	_____
_____	(Applicant to Receive Secondary 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, Division 5, Section 45-134 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:

1. 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.
2. The applicant shall provide a written certification from a licensed physician that a medical hardship requires constant or recurring physical care and assistance.
3. A secondary living unit must be constructed or erected in manner that is consistent with the zoning district.
4. 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.
5. 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.
6. Once the medical hardship ends, one of the living units must be removed within 90 days.
7. 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.