



MEDICAL HARDSHIP DWELLING

Name of Applicant: _____

Name of Person Application is for: _____

Relationship to Applicant: _____

Address of Parcel: _____

Assessor's Map & Tax Lot No.: _____

Phone Number of Applicant: _____

Have you submitted a placement permit application to this office? Yes No

If no, will you be applying for a placement permit within 30 days? Yes No

Name of Attending Physician: _____

Physician's Address: _____

Physician's Phone Number: _____

Zoning of Subject Parcel: _____

Conditional Use Permit #: _____

Date Conditional Use
Permit was Issued: _____

Permit must be renewed by _____ of each year.

Person to contact for permit renewal
if other than above applicant Name: _____

Address: _____

Phone: _____