

HENDRY COUNTY PLANNING AND ZONING DEPARTMENT

P.O. Box 2340

LaBelle, Florida 33975-2340

863-675-5240 • FAX: 863-674-4194

<http://www.hendryfla.net/planning.php>

For Office Use Only:

Date: _____

Hearing No: _____

Fees: _____

Check No.: _____ or Cash _____

Strap No.: _____

APPLICATION FOR MEDICAL HARDSHIP

Name of Applicant: _____

Address: _____

Tel: _____ Fax: _____ e-mail: _____

Name of Agent: _____

Address: _____

Tel: _____ Fax: _____ e-mail: _____

Property Address: _____

Property Acreage: _____

Future Land Use Designation on Property: _____

Zoning on subject Property: _____

Adjacent Zoning: North: _____ South _____ East: _____ West: _____

Adjacent Future Land Use: North: _____ South _____ East: _____ West: _____

Reason for Request: _____

HAS A ZONING HEARING BEEN HELD ON THIS PROPERTY IN THE PAST TWENTY-FOUR (24) MONTHS? _____

If yes, application number or resolution number. _____

IS THIS REQUEST A RESULT OF A VIOLATION NOTICE? _____

If yes, to whom was the Violation Notice written? _____

Is there an existing approval for a special exception, rezone, variance, and/or administrative waiver on the property?
_____ If yes, please provide resolution and/or ordinance numbers _____

The procedures and data required in accordance with this application are found in Sections 1-51-8 and 1-53-6.15 of the Hendry County Code of Ordinances.

SUBMITTAL REQUIREMENTS:

1. Original application.
2. Notarized letter of Owner's Authorization (attached).
3. Copy of Warranty Deed.
4. Physician's certification of the medical condition of a family member with a medical hardship.
5. Contact information for the required annual recertification.
6. Sketch of the location of the existing home, proposed home and location of the existing septic and well systems.
7. Letter from the Health Department that the existing septic system and/or new system will meet the Health Department requirements.
8. List of surrounding property owners within 750 linear feet from boundaries of subject property¹
 - a. Three (3) sets of mailing labels (1" X 2-5/8") of surrounding property owners.

A processing fee of \$150.00 is required. Checks should be made payable to the **Hendry County Board of County Commissioners**.

Please note that, if there are no written objections from landowners or any of the reviewing agencies/departments receiving notice, the waiver shall be granted. If a written objection is received, the matter shall be presented to the county commission for final decision at a public hearing. No less than ten days prior to the hearing, all persons who previously received written notice shall be notified by first class mail the date and time of the public hearing.

All data and exhibits submitted in support of this application shall become a permanent part of the Public Records of Hendry County, Florida.

PLEASE SUBMIT ORIGINAL APPLICATION PLUS 4 COPIES PLUS 1 CD OF ALL DOCUMENTS SUBMITTED AFTER THE APPLICATION HAS BEEN DEEMED SUFFICIENT.

¹ The applicant shall provide three (3) additional sets of mailing labels (1" X 2-5/8") of surrounding property owners if the petition goes before the Board of County Commissioners.

LETTER OF AUTHORIZATION

ATTEST:

We/I, _____, being first duly sworn, depose and say that we/I are/am the owners of the property described herein and which is the subject matter; that all the answers to the questions in this application, all sketches, data, and other supplementary matter attached to and made a part of this application, are true and correct to the best of our knowledge and belief. We/I understand that the information requested on this application must be complete and accurate and that the content of this form, whether computer generated or County printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted.

As property owner We/I further authorize _____ to act as our/my representative in any matters regarding this Petition.

(Signature of Property Owner)

(Signature of Property Owner)

(Typed or Printed Name of Owner)

(Typed or Printed Name of Owner)

State of Florida
County of Hendry

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)