
MEDICAL CARE PROVIDER CERTIFICATE

As set forth below, the Marion County Rural Zone Code provides for the placement of an additional homesite when certain hardship conditions exist.

TEMPORARY USE OF MOBILE HOMES DURING CERTAIN HARDSHIP CONDITIONS. The use of a mobile home on a temporary basis during a family hardship condition may be approved as a Conditional Use. A permit may be granted for a period of not more than one year and may be renewed for successive periods of one year if evidence is provided that the hardship condition continues to exist. In considering the request, it must be found that the hardship condition relates to the aged, the infirm, or to persons otherwise incapable of maintaining a complete, separate and detached residence apart from their family, and also whether the requested use will be relatively temporary in nature. It is not the intent of this provision to subvert the intent of the single-family zone or of any other zones by permitting more than one permanent residence on each property. The following Medical Care Provider Certificate must be completed and submitted with the hardship conditional use application.

A medical care provider or licensed psychologist shall sign a statement indicating the physical or mental condition that prevents the person(s) with the hardship from providing the basic self care needed to live on a separate lot. The statement shall also attest that the medical care provider or licensed psychologist is convinced the person(s) with the hardship must be provided the care so frequently or in such a manner that the caretaker must reside on the same premises.

This is to certify that _____ is a patient of mine and is
(print or type name of patient)

incapable of providing basic self-care due to _____
(print or type condition)

It is my opinion that this physical condition requires care and attention and the above-named person should be permitted to reside nearby one who can give aid and comfort when the need arises.

Signature _____

Name _____
(print or type)

Address _____

Date _____

For Office Use Only

Case No. _____

Renewal to: _____