HALIFAX COUNTY PLANNING AND ZONING DEPARTMENT

1050 Mary Bethune Street,
P.O. Box 699, Halifax, VA 24558
434-476-3300 Ext. 3321

APPLICATION FOR TEMPORARY SECOND DWELLING (MEDICAL HARDSHIP)

DATE: _____

APPLICANT (PROPERTY OWNER):

NAME _____

ADDRESS _____

_____

TELEPHONE/EMAIL: HOME ( ) _____ WORK ( ) _____ EMAIL _____

PERSON NEEDING CARE: (IF OTHER THAN APPLICANT)

NAME _____

ADDRESS _____

_____

TELEPHONE/EMAIL: HOME ( ) _____ WORK ( ) _____ EMAIL _____

PROPERTY LOCATION:

ADDRESS:

_____

TAX PARCEL NUMBER: _____

SEPTIC TANK CONNECT TO EXISTING PERMIT NUMBER: (ATTACH UPDATED COPY OF HEALTH DEPARTMENT PERMIT)

MEDICAL VARIANCE CONDITIONS: (ATTACH MEDICAL DOCUMENTATION)

A Medical Hardship variance is valid for only one year. Medical documentation signed by a physician must be submitted yearly for renewal of the variance. It is the responsibility of the applicant to submit all documentation to the Planning & Zoning Administrator one month prior to the renewal date.

At any time, if for some unseen reason, the person(s) receiving care leaves the residency, this medical hardship variance is void and any structure, building, etc. shall be removed from the property within 90 days.

Signature:

I certify to the best of my knowledge that all the information contained within and attached to this application is true. I affirm that I have read and understand the limitations and conditions and agree to comply with all conditions of approval upon request. (Administrative Approval Uses)

_____ _____

Applicant Signature Date

OFFICE USE:

APPROVAL _____ DENIAL _____

DATE _____ RENEWAL DATE _____

_____ _____

Zoning Administrator Date