

APPLICANT IS TO KEEP THIS PAGE

MEDICAL HEALTH HARDSHIP VARIANCE APPLICATION INFORMATION

PLEASE READ CAREFULLY - ANSWER ALL QUESTIONS BEFORE SIGNING AND FILING.

A filing fee of \$_____ is required to process this application. Please make checks or money orders payable to **HUMBOLDT COUNTY**.

1. The completed application, required fee(s), together with map(s) and any additional information must be submitted to the Humboldt County Planning Department Office *at least fifteen (15) working days prior* to the scheduled County Commission or City Council meeting.
2. A copy of the application and map(s) will be sent to various City/ County/ State and outside agencies for their review and comments. The staff report will be prepared based upon the information provided in the application and from agency comments. A letter and a copy of the staff report will be mailed to the applicant and/or agent prior to the scheduled meeting.
3. All property owners within three hundred (300) feet of the boundaries of the subject property will be notified by mail within ten (10) days prior to the meeting. The meeting will be an advertised public hearing at which time the applicant and all other interested parties will have an opportunity to be heard.
4. The application shall be heard as an agenda item on a regularly scheduled Humboldt County Commissioners or Winnemucca City Council meeting. At the public meeting, the Commissioners or Council will approve, deny or approve with conditions. The Board, however, may decide to table a request for more information or to make a site inspection, if necessary, in order to make a decision.
5. The decision will be come effective 5 days after approval.

Submission of this application does not imply approval of this request by the Planning Department, the Regional Planning Commission, the County Commission or the City Council; nor does it in and of itself guarantee approval of any licenses or permits that may be required.

*****THIS PAGE TO BE RETAINED BY APPLICANT*****

APPLICATION FOR
MEDICAL HEALTH HARDSHIP VARIANCE

Note: The applicant is responsible for the accuracy of the information provided. Please fill in all the spaces. If an item does not apply, please put **N/A** (not applicable) on the line. Include the parcel number and/or the address of the property. Please provide a clear, legible plot plan map showing the location of the existing residence and the location of the proposed residence along with any other buildings or landscaping on the property.

9 City of Winnemucca 9 Humboldt County

Applicant/Agent _____

Location/Address of Property _____

Assessor's Parcel # _____ Property is currently zoned _____

Record Owner of Property: (a signed, notarized Affidavit of Ownership is required)

Name of Owner _____

Mailing Address _____

_____ Phone _____

FOR DEPARTMENT USE	
Received By _____	Date Received _____
Application No. _____	Name _____

REQUIRED INFORMATION

The following information is required for this application. If the material is missing, Staff is authorized to return the application and take no further action until a complete application has been filed. (Enter N/A next to any item that does not apply - Use additional pages as necessary)

Copies of Site Plan showing the following:	<u>Applies</u>
1. The entire parcel as described in the legal description.	_____
2. The location of all existing (E) and proposed (P) buildings and uses are to be identified by name.	_____
3. Walls and fences (location, height and material).	_____
4. Methods of ingress and egress.	_____

WRITTEN STATEMENTS (Use additional pages as necessary)

1. Reason for request: _____

2. Your application includes a statement from a medical doctor that a medical health hardship exists: _____

3. Existing alternatives would work a great hardship on the applicant: _____

4. Applicable setbacks to the zoning district in which the property is located shall be met. _____
5. The granting of this hardship request will not be materially detrimental to the public health safety and general welfare or injurious to property and improvements in the neighborhood in which the property is located. _____

6. Name(s) of individual(s) to reside in the unit and their relationship to the applicant: _____

BY MY SIGNATURE BELOW:

I consent to having the Planning Department Staff enter onto my property only for the sole purpose of inspecting said property as a part of this application process.

I object to having the Planning Department Staff enter onto my property as a part of their review of this application. (Your objection will not effect the recommendation made by the Staff or the final determination made by the Regional Planning Commission, City Council or County Commission).

I acknowledge that submission of the application does not imply approval of this request by the Planning Department, the Regional Planning Commission, the County Commissioners or the City Council; nor does it in and of itself guarantee issuance of any other required permits and licenses.

I acknowledge that this application may be tabled until a later meeting If either I or my designated representative or agent are not present at the meeting for which this application is scheduled.

I have carefully read and completed all questions contained within this application to the best of my ability.

Applicant/Agent _____
(Please print or type)

Mailing Address _____
Street or P.O. Box

City, State, Zip Code

Phone (____) _____

SIGNATURE _____

OWNER'S AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

I, _____ being duly sworn, depose and state that I am the owner of the property herein described in the application, and that I consent to the filing of this petition.

Signed _____

Mailing Address _____

Telephone Number (____) _____

On this ____ day of _____, _____, before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that s/he executed the same.

Notary Public in and for said County and State