



## SPECIAL USE PERMIT FOR TEMPORARY HARDSHIP APPLICATION

Community & Economic Development Department  
8930 N Government Way Hayden, ID 83835  
[www.cityofhaydenid.us](http://www.cityofhaydenid.us) (208) 209-2022

To be completed by city staff:

Tracking #:

Date submitted:

Received by:

**CHECKLIST:** A request is made by submitting the following:

	<b>Requirement</b>
	<i>Completed, signed and dated application</i>
	<i>Narrative describing the request, identifying the caretaker(s) and the sponsor</i>
	<i>A current radius report consisting of a list, prepared by a title company that is licensed to do business in the state of Idaho, of the names, mailing addresses, and parcel numbers of all property owners whose property is within or adjacent to the area bounded by lines three hundred feet (300') from the external boundary of the entire proposal area. Three (3) such lists shall be provided on self-adhesive labels. Said list shall be accompanied by a date stamped tax parcel map prepared by Kootenai County. Note: list must be current within 60 days of issuing notice to public agencies.</i>
	<i>Attach a site plan, drawn with dimensions to show building size, lot size, setbacks, required off-street parking and any landscaping that may be proposed to ensure the compatibility with abutting properties and the surrounding neighborhood.</i>
	<i>Written statement from licensed physician stating that the person(s) in question is physically or mentally incapable of caring for themselves and/or their property</i>
	<i>Fees are in accordance with the current City Council adopted fee schedule. City fees and engineering pass through costs are required at the time of application submission. All additional fees, notice and legal publication charges are the responsibility of the applicant and will be billed separately.</i>

### Requirements for Temporary Hardship Permit for Dependent Relatives (As per City Code 11-11-19)

A "dependent relative," for the purpose of this section, shall be defined as: one who is related by direct bloodline, marriage, adoption, unmarried partner relationship or court ordered guardianship; and has been determined by a licensed physician to be physically or mentally incapable of caring for themselves and/or their property. Dependency shall be determined by the city prior to issuance of a building permit.

One manufactured home shall be permitted as a temporary hardship use for dependent relative(s) provided that:

- The temporary hardship use shall be placed on a lot, inclusive of the primary dwelling site, having a minimum size of eight thousand two hundred fifty (8,250) square feet
- The living quarters of the temporary hardship use shall be occupied by either the dependent relative(s) or by the person(s)/family providing care
- The owner of the real property on which the temporary hardship use is located shall be the sponsor when making a request for a manufactured home permit
- A written statement from a licensed physician stating that the person(s) in question is physically or mentally incapable of caring for themselves and/or their property
- Sponsor must record a notice with the city clerk stating that the temporary hardship use located on the sponsor's property:
  - Is temporary, and is to be removed upon termination of occupancy of either the dependent relative(s) or person(s)/family providing care;
  - Is temporary, and is to be removed upon sale or lease of property of the sponsor;
  - Provides living quarters for the dependent relative(s) or person(s)/family providing care, who is named in the permit; and
  - Is not considered a use which is to be transferred with the property of the sponsor when said property of the sponsor is sold or leased.

A copy of the recorded notice shall be submitted upon request by the applicant before the permit is issued.
- Sponsor must submit a statement stating that the location of the temporary hardship use is not in conflict with any recorded, restrictive covenant or plat dedications upon request for a permit.
- Before issuance of the permit, sponsor must show proof of approval by Panhandle Health District of a wastewater disposal system for the temporary hardship use.
- The temporary hardship use shall be in compliance with all frontage and setback requirements of the residential zone(s).
- The permit for the temporary hardship use shall be renewed every year by the sponsor. Compliance with the provisions of this section and the manufactured home permit shall be certified by the sponsor at the time of renewal. Failure to renew the permit or permits within the stated time period shall constitute a violation of this title.
- Sponsor must file a release of the notice signifying that the temporary hardship use has been concluded. The sponsor shall remove the temporary hardship use from the property within forty five (45) days.

The care provider may be administratively changed upon written application to and approval by the city clerk. Any **change in dependent relative(s) requires processing of a new temporary hardship use permit.**

*The City of Hayden provides services to its citizens without regard to race, religion, color, sex, age, national origin or disability.*



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**APPLICANT:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PROPERTY STREET ADDRESS (if applicable):** \_\_\_\_\_

Parcel #: \_\_\_\_\_ Zone: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Sewage disposal:  Septic\*  City Sewer  Other: \_\_\_\_\_

\*If on-site drainfield and septic serve the site, a letter of approval for the THU from Panhandle Health District is required.

**DESCRIPTION OF HARDSHIP** (Explain in Detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED NOTICE TO OTHER JURISDICTIONS: (Obtain signatures prior to submitting this application)**

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

Water Purveyor: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATIONS:**

*I hereby certify that the location of the temporary hardship use is not in conflict with any recorded, restrictive covenant or plat dedications. I certify that the foregoing information and attachments hereto are accurate.*

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

**A TEMPORARY HARDSHIP APPROVAL IS VALID FOR ONE YEAR. YOUR APPROVAL WILL BE REVIEWED EACH YEAR THEREAFTER IN THE MONTH OF JULY, TO DETERMINE IF THE NEED CONTINUES TO EXIST. TO CONTINUE THE APPROVAL EACH YEAR, YOU WILL BE REQUIRED TO PAY \$25.00 FOR RENEWAL AND PROVIDE A LETTER FROM THE DOCTOR STATING THAT THE HARDSHIP STILL EXISTS.**

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**To be completed by city staff:**

Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

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