MADISON COUNTY, FLORIDA

BOARD OF COUNTY COMMISSIONERS

Planning & Zoning Department

229 SW Pinckney Street, Room 219, Madison, Florida 32340 • P.O. Box 539, Madison, Florida 32341

Telephone (850) 973-6785 • Fax (850) 973-6727

Requirements for a Temporary Special Use Permit

1. Proof of Property Ownership (recorded deed).
2. Site Plan. Must show the location of the existing dwelling and the proposed dwelling, together with all setbacks, the dimensions of the property, a north arrow, and all abutting streets.
3. Doctor's Certification, on letterhead stationery, stating the medical condition and the reason the requested care is needed.
4. A filing fee of **$184.00** must be submitted with the application. Additional fees (including, but not limited to, advertising, sign, and certified mail costs) may apply and must be paid prior to the Board of County Commissioners public hearing. **All fees are non-refundable.**
5. The application must be submitted in sufficient time for the required advertisement to appear in the newspaper at least ten (10) days prior to the first public hearing.

NOTICE

A Temporary Special Use Permit is strictly **TEMPORARY**. When the qualifying hardship ceases to exist, the second dwelling must be removed from the property within sixty (60) days.

An annual renewal fee of $150.00 applies for as long as the qualifying need for the second dwelling remains. If the permit is not renewed, the second dwelling must be removed.

Madison County will place a lien on the property in the event the County must remove the second dwelling due to non-compliance.

MADISON COUNTY, FLORIDA
BOARD OF COUNTY COMMISSIONERS
Planning & Zoning Department
229 SW Pinckney Street, Room 219, Madison, Florida 32340 • P.O. Box 539, Madison, Florida 32341
Telephone (850) 973-6785 • Fax (850) 973-6727

APPLICATION FOR A TEMPORARY SPECIAL USE PERMIT
MADISON COUNTY, FLORIDA

Temporary Use Permit Application No. _____

To the Madison County Board of County Commissioners:

This application is hereby made to the Board of County Commissioners of Madison County, Florida, pursuant to the provisions of Chapter 163, Florida Statutes, the adopted Madison County Comprehensive Plan, and the Madison County Land Development Regulations, petitioning for a Temporary Special Use Permit on the following described property:

I. OWNER / AGENT INFORMATION

Applicant's Name: _____ **Owner's Name:** _____

Address: _____ **Owner's Signature:** _____

_____ **Address:** _____

City / State / Zip: _____ **City / State / Zip:** _____

Phone Number: _____ **Name(s) of Person(s) Receiving Care:**
_____

Relationship to Applicant / Owner: _____

1. PARCEL INFORMATION

Parcel Number(s): (a) _____ **Section / Township / Range:** _____

(b) _____ **Acreage:** _____

Total Acreage: _____

Subdivision Name: _____ Lot(s) _____ Block _____

Legal Description: Provide the most current deed. See required attachments below.

Current Use (Actual) and Improvements on Property (e.g., single-family home, well, septic system, pole barn, etc.):

_____
_____

_____
_____

Directions to the Property (please begin directions from the Planning & Zoning office):

_____
_____

2. TO BE SUPPLIED AT THE TIME OF SUBMISSION. Attach the items below in the order listed. The application will not be processed without these items. Any changes to the information provided must be submitted in writing to the Planning & Zoning Department at least two weeks prior to the Board of County Commissioners public hearing.

Property Description

☐ **Property Deed:** The most recent deed recorded pertaining to the subject property, obtained from the Clerk of Circuit Court's Office.

☐ **Detailed Site Plan:** See Section 4 of this application for required information to be shown on the site plan.

Maps: All required maps and information may be obtained from the Madison County Property Appraiser's Office.

Documentation

☐ **Medical Certification:** A letter obtained from a licensed physician or from the Florida Department of Health and Rehabilitative Services, or equivalent agency.

☐ **Narrative:** A letter accompanying this application that documents, in writing, why the requested Temporary Use Permit is needed and what special conditions justify its issuance.

4. DETAILED SITE PLAN. The property owner or agent shall submit a site plan for the proposed Temporary Use Permit for review by the Board of County Commissioners. The plan shall show the relationship of the proposed use to the parcel on which it is located. Where site plan approval is required, the following shall be shown:

1) Position all existing criteria on the site plan.

A. Dimensions of the entire property and the size, in square feet, of the parcel for which a temporary use permit is requested.

B. Name of the road fronting the property.

C. All existing structures and their distance from: (1) the property line, and (2) the setback lines required for that zoning district.

D. The location of any natural or topographical peculiarities (e.g., sinkholes, waterways, marshland), if applicable.

E. The centerline and edge of the right-of-way of adjoining roads or easements, if applicable.

F. All structures located on the property and the proposed dwelling site location.

5. The Applicant states that he or she has read and understands the instructions and submission requirements stated in this application. Approval granted by the Board in no way constitutes a waiver of any applicable local, state, or federal regulation.

I hereby certify that the information contained in this application and its supplements is true and correct, and that I am the legal owner or authorized agent of the above-described property.

MADISON COUNTY, FLORIDA
BOARD OF COUNTY COMMISSIONERS
Planning & Zoning Department
229 SW Pinckney Street, Room 219, Madison, Florida 32340 • P.O. Box 539, Madison, Florida 32341
Telephone (850) 973-6785 • Fax (850) 973-6727

Applicant's Signature: _____ **Date:** _____

6. APPLICATION INSTRUCTIONS

a. An application for a Temporary Use Permit must be accompanied by a filing fee of **$184.00**, plus applicable advertising and certified notice fees. Any additional fees (including signs and certified mail) must be paid prior to the public hearing. **All fees are non-refundable.** Application fees are subject to change. The application will not be processed for a public hearing until staff has reviewed the application, the application fee has been collected, the site has been evaluated by staff, and the application has been found to be complete.

b. If the applicant is not the owner of record, the owner must agree to this application either by signing the application form or by submitting a notarized letter authorizing the applicant to act as agent. **Owner authorization is required at the time this application is submitted.**

c. All required documentation and submission materials must accompany the application at the time it is submitted. Applications are screened for completeness, and depending on the proposed use, additional information may be required. Failure to provide all required information and submission materials will delay the public review of the application until such materials are received.

e. Temporary Use Permit applications are processed once per month. Applications received within the first week of the month will tentatively be scheduled, advertised, and presented at a public hearing the following month. **Applications received after the first week of the month will not be scheduled for the following month.**

f. Applications may be submitted as follows:

In Person: Madison County Planning & Zoning Department, Courthouse Annex, 229 SW Pinckney Street, Room 219, Madison, Florida 32340.

By Mail: Madison County Planning & Zoning Department, Post Office Box 539, Madison, Florida 32341.

g. The applicant is required to place at least one (1) poster on the property involved in the request. This office will prepare the poster; posting instructions will be included.

h. Abutting property owners will be notified by mail of the request. "Abutting property" means any property immediately adjacent or contiguous to the subject property, or located within three hundred (300) feet of the subject property lines, including property located immediately across any road or public right-of-way.

i. The applicant or a representative is strongly advised to be present at the public hearing before the Board of County Commissioners. The Board, at its discretion, may defer action or take decisive action on any application regardless of the applicant's, owner's, or representative's attendance.

Additional Assistance: For further information, please contact the Madison County Planning & Zoning Department at (850) 973-6785, or visit the address above in person.

NOTE — The Temporary Use Permit expires January 1st of each year. If applying for renewal, the renewal application must be filed prior to that date; otherwise the Temporary Use Permit will expire and removal of the second dwelling must be completed within sixty (60) days. (Land Development Regulations § 4.6-15.5)

MADISON COUNTY, FLORIDA
BOARD OF COUNTY COMMISSIONERS
Planning & Zoning Department
229 SW Pinckney Street, Room 219, Madison, Florida 32340 • P.O. Box 539, Madison, Florida 32341
Telephone (850) 973-6785 • Fax (850) 973-6727

OFFICE USE ONLY

Filing Date: _____ **Application No.:** _____

Application Fee: $184.00 *(plus advertising and certified notice fees)*

Cash ☐ Check No. _____ Receipt No. _____

OFFICE USE ONLY

Board of County Commissioners Public Hearing Date: _____

Board of County Commissioners Action: Approval ☐ Denial ☐

Notes, Instructions, and Comments:

_____
_____
_____
_____
_____
_____

MADISON COUNTY, FLORIDA
BOARD OF COUNTY COMMISSIONERS
Planning & Zoning Department
229 SW Pinckney Street, Room 219, Madison, Florida 32340 • P.O. Box 539, Madison, Florida 32341
Telephone (850) 973-6785 • Fax (850) 973-6727

TEMPORARY USE PERMIT AFFIDAVIT

MADISON COUNTY, FLORIDA

Temporary Special Use Application No. _____

PARCEL INFORMATION

Legal Description of Property — Subdivision: _____ Lot _____ Block _____

Parcel No.: _____ Section _____ Township _____ Range _____

Net Area of Parcel or Lot (Acres): _____

Mailing Address:

_____

_____

_____

_____

I, the property owner (or authorized agent), understand that if the Temporary Use Permit for which I am applying is granted, the permit becomes null and void at the time the qualifying hardship ceases to exist (i.e., the person the permit benefits moves from the property, is deceased, or is institutionalized for an indefinite period of time). I agree to honestly answer and timely return (mail back) the annual status report. I agree to remove the second dwelling from the property within sixty (60) days from the time the hardship ceases to exist. I understand that any improvements to the property, including but not limited to a separate septic system, are a loss I must bear.

I understand that this permit is non-transferable, that any new property owner would not be permitted to assume the permit or keep a second dwelling on the property as "grandfathered in," and that I may not assign the permit to any other family member not named herein without re-applying for and obtaining approval from the Board of County Commissioners.

I, _____, on this _____ day of _____, 20__, have read, or caused to have read to me, this legal instrument and do hereby agree to the conditions set forth herein.

_____

Applicant's Signature

STATE OF FLORIDA
COUNTY OF _____

Before me personally appeared _____, to me well known, or who has produced identification as noted below, and who executed the foregoing instrument, and acknowledged before me that _____ executed said instrument for the purpose therein expressed.

Identification presented: _____

WITNESS my hand and official seal this _____ day of _____, 20__.

_____ _____

Notary Public — Printed Name *Notary Public — Signature*

[Notary Seal]