



Temporary Hardship Exception Statement

Sweetwater County Land Use
80 West Flaming Gorge Way, Suite 23
Green River, WY 82935
p: (307) 872-3914 / 922-5430 f: 872-3991
landuse@sweet.wy.us

Date of Submittal: _____
Permit Number: _____
Present Zoning: _____
PID: 04- _____

Approved Conditions:
 Call Jim at (307) 872-3923 for IFC Inspection when construction is complete.

 Denied/Reason: _____
Date of Action: _____ Land Use Official Signature: _____

Application Fee: \$50.00 for **Initial Application**. Date of initial application approval: _____
 No Fee for Yearly Renewals.

GENERAL INFORMATION

A Temporary Hardship Exception may be permissible for patients who suffer from a physical or mental infirmity that renders them incapable of maintaining a complete, separate and detached residence on a separate property and requires a care provider to be close by to assist them. The infirmity MUST be a physical or mental impairment.

Financial hardship, childcare, upkeep of home or property or other convenience arrangements are not considered infirm conditions and will not qualify for approval of a Temporary Hardship Exception.

A Temporary Hardship Exception is personal to the owner and/or applicant and is not transferable. An approved Construction Permit is required before placement of any hardship dwelling. A Temporary Hardship Exception is valid for a period of one year with non-fee renewals. Hardship regulations can be found in Section 8 and construction requirements can be found in Section 4 of the 2015 Zoning Resolution.

CONTACT INFORMATION

Property Owner of Record Contact Information

Name: _____
Company: _____
Address: _____

Phone: _____
Email: _____

Applicant Contact Information (if different)

Name: _____
Company: _____
Address: _____

Phone: _____
Email: _____

PROPERTY INFORMATION

County Assigned Address: _____ Lot Size: _____ (acres)
Property Location: Quarter(s): _____ Section: _____ Township: _____ Range: _____
 Subdivision Name: _____ Lot: _____ Block: _____

PHYSICIAN'S CERTIFICATE

Physician's Name: _____

Address: _____

Phone: _____ License Number: _____

I hereby certify that I am an attending physician for _____ (patient).

I certify that the patient suffers from a _____ temporary or _____ permanent mental or physical disability that requires the assistance of an on-site care provider in order to facilitate the proper daily care of this patient.

The undersigned, being duly licensed to practice medicine in the State of Wyoming, hereby certifies that he/she has examined or has personal knowledge of the health circumstances of the above named patient.

Signature of Certifying Physician

Date

PLACEMENT AND REMOVAL AGREEMENT

I / We, _____,

the property owners as found in the records of the Sweetwater County Clerk, request approval of a Temporary Hardship Exception. I/We agree that if the Temporary Hardship Permit is approved that the dwelling will require an approved Construction Permit for the placement of the temporary dwelling. I/We understand and agree that the temporary dwelling may not be placed on a permanent foundation. I/We understand and agree that a condition of approval of the Temporary Hardship Exception is that when the need no longer exists, or if the property is sold, the permit is void and the dwelling must be removed within 60 days.

Property Owner of Record

Date

Property Owner of Record

Date

Applicant (if different)

Date

SIGNATURE REQUIRED

I acknowledge that I have read and understand this application and the pertinent regulations. I further agree if the permit is approved, I will comply with all regulations and conditions of approval. I grant Sweetwater County the right of ingress/egress as reasonably necessary to determine compliance with County regulations or conditions of this permit. I certify that the information provided with this application is true and correct.

Signature of Owner of Record

Date

Signature of Applicant

Date