

**Application
For
Accessory Housing for
Family Care**



Thank you for your interest in Jackson County, Georgia. This packet includes the necessary documents for Accessory Housing for Family Care that require the Public Development Director's action.

Should you need further assistance, please feel free to contact our office between 8:30 AM and 4:30 PM, Monday through Friday at (706)367-5908.

The items listed below are necessary to process for accessory housing due to a medical hardship requiring Public Development Director's action.

Any amendments to an application must be submitted to the Planning Division for staff review.

REQUIRED ITEMS

1) APPLICATION FORM:

One (1) copy of the appropriate Application form with all required attachments and additional information must be submitted.

2) APPLICATION FEE:

Official "Fee Schedule" is available in the Public Development Department.

3) LETTER OF INTENT:

- a. One (1) copy of a Letter of Intent (must be typed).
- b. The Letter of Intent must explain in detail the circumstances involving the need for a medical hardship.

4) LEGAL DESCRIPTION:

(For example: Who needs medical assistance, who will be living in the manufactured home, and what type of medical assistance is needed.)

The legal description must be a "metes and bounds" description. It must establish a point of beginning and from the point of beginning give each dimension bounding the property, calling the direction (such as north, northeasterly, southerly, etc.) that the boundary follows around the property returning to the point of beginning. If there are multiple property owners, all properties must be combined into one legal description. If the properties are not contiguous, a separate application and legal description must be submitted for each property.

5) NOTARIZED SIGNATURES:

The application form must have notarized signatures on the application as well as all attachments.

6) Attachments:

All attachments must be included in order for the application to be considered complete

- Attachment A- "Disclosure of Campaign Contributions"
- Attachment B- "Application Checklist"

7) ADDITIONAL REQUIRED EXHIBITS:

Confirmation of Hardship and Need for Accessory Housing

- a. In no case shall an accessory manufactured home for family care be allowed unless it is shown by the County Health Department, The Department of Family and Children Services (DEFACS), or by other appropriate medical evidence that the person for whom family care is proposed has a bona fide medical hardship and unless it is satisfactorily shown that the dwelling on the premises does not contain sufficient facilities to accommodate the proposed family care receipt.
- b. In addition, the application shall contain letter or other statement of a physician showing that present facilities are inadequate and stating that a medical hardship requiring the use of a manufactured home for the health care of the relative exists.
- c. The Physician's letter or other statement must indicate that the person with the medical hardship is a patient of the physician and under their continuing care, and must be dated within the same calendar year that the request for approval is made.

APPLICANT'S CERTIFICATION

I (we) hereby authorize staff of Jackson County to inspect the premises of the above-described property. I (we) do hereby certify the information provided herein is both accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invitation of this application and any action taken on this application.

The undersigned below is authorized to make this application. The undersigned is aware that no application or re-application affecting the same land shall be submitted within twelve (12) months from the date of the last action by the Board of Commissioners; unless waived by the Board.

_____	_____	_____
Signature of Applicant	Applicant's Name and Title	Date
_____	_____	_____
Signature of Notary Public	Date	(Seal)

PROPERTY OWNER'S CERTIFICATION

The undersigned below, or as attached, is the owner of the property considered in this application. The undersigned is aware that no application or re-application affecting the same land shall be submitted within twelve (12) months from the date of the last action by the Board of Commissioners, unless waived by the Board.

_____	_____	_____
Signature of Property Owner	Property Owner Name	Date
_____	_____	_____
Signature of Notary Public	Date	(Seal)
_____	_____	_____
Signature of Property Owner	Property Owner Name	Date
_____	_____	_____
Signature of Notary Public	Date	(Seal)

OFFICE USE ONLY

Required Pre Application Meeting held on _____ with staff member _____

Date of Notice to Newspaper _____



Jackson County, Georgia

Attachment A

Disclosure of Campaign Contributions & Gift

Application filed on _____, 20____ for action by the Public Development Director on property described as follows:

The undersigned below, making application for a zoning action, has complied with O.C.G.A. Section 36-67A-1, st.seg., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on this form as provided.

All Individual, business entities, or other organizations * having a property or other interest in said property subject of this application are as follows:

Have you as applicant, agent for applicant, or anyone associated with this application or property, within the two (2) years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the Jackson County Board of Commissioners or Jackson County Planning Commission? YES NO

If YES, please complete the following section (attach additional sheets if necessary):

Name and Official Position of Government Official	Contributions (list all which aggregate to \$250 or more)	Date of Contribution (within last 2 years)

I do hereby certify the information provided herein is both complete and accurate to the best of my knowledge.

Signatures of Applicant

Type or Print Name and Title

Signature of Applicant Representative

Type or Print Name and Title

Signature of Notary Public

Date

(Affix Raised Seal Here)

*Business entity may be a corporation, partnership, limited partnership, firm, enterprise, franchise, association, trade organization, or trust while other organization means non-profit organization, labor union, lobbyist or other industry or casual representative, church, foundation, club, charitable organization, or educational organization.



Jackson County, Georgia

Attachment A

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Name and Official Position of Government Official	Contributions (list all which aggregate to \$250 or more)	Date of Contribution (within last 2 years)

I do hereby certify the information provided herein is both complete and accurate to the best of my knowledge.

Signatures of Owner

Type or Print Name and Title

Signature of Owner

Type or Print Name and Title

Signature of Notary Public

Date

(Affix Raised Seal Here)

*Business entity may be a corporation, partnership, limited partnership, firm, enterprise, franchise, association, trade organization, or trust while other organization means non-profit organization, labor union, lobbyist or other industry or casual representative, church, foundation, club, charitable organization, or educational organization.



Jackson County, Georgia

Attachment B

Application Checklist

The following is a checklist of information required for submission of an application.

- _____ Pre-Application Meeting with Planning Division Staff

- _____ Letter of Intent

- _____ A copy of the recorded plat (from clerk of Superior Court Office)

- _____ Legal Description

- _____ Documentation from Physician, Health Department, or Department of Family and Children Services.

- _____ \$250.00 Filing fee (per Accessory Housing for Family Care Request.)

The Checklist must be submitted along with the application