



DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

1010 10TH Street, Suite 3400, Modesto, CA 95354
Planning Phone: (209)525-6330 Fax: (209)525-5911
Building Phone: (209) 525-6557 Fax: (209) 525-7759

Form Available Online: www.stancounty.com/planning/applications.shtm

APP NO. _____
MONTH _____

RENEWAL APPLICATION FOR TEMPORARY MOBILE HOME

Table with 4 columns: FOR OFFICE USE ONLY, TYPE OF ZONE, A.P.N., DATE. Sub-headers include RECEIPT NO., AMOUNT, and BY.

The undersigned hereby makes application for a permit for a temporary mobile home in accordance with the provisions of the Stanislaus County Code, Chapter 21.72, and any amendments to the same, and submits the following information for consideration:

- 1. NAME AND ADDRESS OF APPLICANT: Name, Address/City/Zip, Phone
2. NAME AND ADDRESS OF PROPERTY OWNER: Name, Address/City/Zip, Phone
3. LOCATION OF MOBILE HOME: BETWEEN AND, City
4. USE OF MOBILE HOME: Care for family member OR Other (Explain)

A fee of seventy-two dollars (\$72.00) shall accompany each renewal application (providing the renewal documents are received in this office by the expiration date). Please make checks payable to "Stanislaus County Planning Department".

MOBILE HOME PERMIT RENEWALS MUST BE POSTMARKED PRIOR TO THE LAST DAY OF THE MONTH IN WHICH THEY ARE DUE, OTHERWISE A LATE FEE OF \$142.00 WILL APPLY.
RENEWALS OVER 90 DAYS LATE WILL NOT BE ABLE TO REAPPLY AND MOBILE HOME SHALL BE REMOVED FROM THE PROPERTY OR CONVERTED INTO AN ADU IN COMPLIANCE WITH CHAPTER 21.74 OF THE STANISLAUS COUNTY CODE.
IF THERE ARE ANY PROBLEMS OR QUESTIONS, PLEASE CALL THE PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT AT (209) 525-6330 OR EMAIL PLANNING@STANCOUNTY.COM, MONDAY THROUGH FRIDAY, 8:30 A.M. TO 4:30 P.M.

We the undersigned do hereby certify that we have read and understood Chapter 21.72 of the Stanislaus County Code, as it pertains to this application. We also certify that the above statements and accompanying sketch are true and correct to the best of our knowledge. We understand that this mobile home shall be removed when the purpose for which it was intended no longer exists.

Applicant _____

Owner _____

Date: _____

Date: _____



DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

1010 10TH Street, Suite 3400, Modesto, CA 95354
Planning Phone: (209)525-6330 Fax: (209)525-5911
Building Phone: (209) 525-6557 Fax: (209) 525-7759

Form Available Online: www.stancounty.com/planning/applications.shtm

PHYSICIAN'S VERIFICATION FORM

TO: Patient's Physician
FROM: Stanislaus County Planning and Community Development
SUBJECT: Temporary Mobile Home Permit Application No. _____

Applicant's Name: _____

Patient's Name: _____

The above referenced patient has applied for a temporary mobile home permit pursuant to County Code Section 21.72.020(B). Temporary mobile home permits are allowed when necessary to provide supplemental housing for care of ill, infirm or aged members of the family who must have assistance with normal daily activities. Temporary mobile home permits are valid for a period of five (5) years before renewal is required again. At the time of renewal, it will be necessary for a physician to reaffirm the need for assistance in order for a renewal to be granted.

Examples of normal daily activities include, but are not limited to: bathing, cooking, dressing, and walking. Normal daily activities do not generally include activities such as yard work, shopping, assistance to doctor's visits, or emotional support. Age alone is not a factor in granting a permit. If the patient's need is temporary, the permit will be void at such time assistance is no longer needed.

The patient named above is under my care, and I have read the above information. In my professional opinion, the patient has a physical condition requiring assistance with normal daily activities. I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing statement is true and correct.

Physician's Signature Date
(M.D. original signature. No faxes or copies.)

Physician's Name: _____
(Please print legibly or attach a business card)

Physician's Phone Number: _____

Physician's Address: _____

Physician's License No.: _____

INDEMNIFICATION:

In consideration of the County's processing and consideration of this application for approval of the land use project being applied for (the "Project"), and the related California Environmental Quality Act (CEQA) consideration by the County, the Owner and Applicant, jointly and severally, agree to indemnify the County of Stanislaus ("County") from liability or loss connected with the Project approvals as follows:

1. The Owner and Applicant shall defend, indemnify and hold harmless the County and its agents, officers and employees from any claim, action, or proceeding against the County or its agents, officers or employees to attack, set aside, void, or annul the Project or any prior or subsequent development approvals regarding the Project or Project condition imposed by the County or any of its agencies, departments, commissions, agents, officers or employees concerning the said Project, or to impose personal liability against such agents, officers or employees resulting from their involvement in the Project, including any claim for private attorney general fees claimed by or awarded to any party from County.

The obligations of the Owner and Applicant under this Indemnification shall apply regardless of whether any permits or entitlements are issued.

2. The County will promptly notify Owner and Applicant of any such claim, action, or proceeding that is or may be subject to this Indemnification and, will cooperate fully in the defense.
3. The County may, within its unlimited discretion, participate in the defense of any such claim, action, or proceeding if the County defends the claim, actions, or proceeding in good faith. To the extent that County uses any of its resources responding to such claim, action, or proceeding, Owner and Applicant will reimburse County upon demand. Such resources include, but are not limited to, staff time, court costs, County Counsel's time at their regular rate for external or non-County agencies, and any other direct or indirect cost associated with responding to the claim, action, or proceedings.
4. The Owner and Applicant shall not be required to pay or perform any settlement by the County of such claim, action or proceeding unless the settlement is approved in writing by Owner and Applicant, which approval shall not be unreasonably withheld.
5. The Owner and Applicant shall pay all court ordered costs and attorney fees.
6. This Indemnification represents the complete understanding between the Owner and Applicant and the County with respect to matters set forth herein.

IN WITNESS WHEREOF, by their signature below, the Owner and Applicant hereby acknowledge that they have read, Understand and agree to perform their obligations under this Indemnification.

PROPERTY OWNER / APPLICANT SIGNATURE

I hereby certify that the facts, statements, and information presented within this renewal application form are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this renewal application form may result in my renewal application being delayed or not approved by the County. I hereby certify that I have read and fully understand all the information required in this renewal application form including:

1. Renewal Application Form
2. The Indemnification

Property Owner(s): (Attach additional sheets as necessary)

Signature(s)	Print Name	Date

Applicant(s): (If different from above)

Signature(s)	Print Name	Date

THIS DOCUMENT MUST BE SIGNED AND RETURNED WITH YOUR RENEWAL APPLICATION