

**POLK COUNTY**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**PLANNING SECTION**

**PHYSICIAN'S CERTIFICATE OF MEDICAL HARDSHIP**

As set forth below, the Polk County Zoning Ordinance (PCZO) provides for the placement of a manufactured dwelling as an additional temporary homesite when certain hardship conditions exist:

Notwithstanding any other provisions of the Polk County Zoning Ordinance, the Planning Director may permit the use of a manufactured dwelling on a temporary basis during a hardship condition. Such permit may be granted for a period of not more than two (2) years and may be renewed for successive periods of two (2) years on a proper showing that such hardship condition continues to exist. It is not the intent of this section to subvert the intent of these zones by permitting more than one (1) permanent residence on each property. The Planning Director may, in the granting of the request for the temporary use permit, impose conditions that will preclude the possibility of such temporary use becoming permanent.

The term "Hardship" means a medical hardship or hardship for the care of an aged or infirm person otherwise incapable of maintaining a complete, separate and detached residence apart from their caretaker. Such condition shall be certified by a licensed physician familiar with the individual(s) involved.

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**NOTE TO PHYSICIAN**

If in your judgement your patient qualifies for a "hardship" condition, the following must be completed and returned to your patient for submittal to our office. This document may be included in the planning application as public record. It is not necessary to include a diagnosis or details of the medical hardship.

This is to certify that \_\_\_\_\_ (name of patient) is a patient of mine. It is my medical opinion that this patient's condition complies with the definition of "hardship" shown above.

\_\_\_\_\_  
Physician's Name (Please type or print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Telephone Number