ADMINISTRATIVE MEDICAL VARIANCE CHECKLIST

1. APPLICATION FORMS TO BE COMPLETED AND SIGNED BY THE APPLICANT:
   _______ APPLICATION
   _______ PERMISSION TO ENTER PROPERTY
   _______ DIRECTIONS TO THE PROPERTY
   _______ PLOT PLAN DRAWN TO ENGINEER’S SCALE
     (no smaller than 1” = 60")

2. APPLICATION DOCUMENTS TO BE SUBMITTED BY THE APPLICANT:
   _______ PHYSICIAN’S LETTER OF RECOMMENDATION FOR SPECIAL OR SUPERVISORY CARE (ORIGINAL SIGNATURE REQUIRED)
   _______ PROPERTY’S RECORDED DEED / LEGAL DESCRIPTION
   _______ AGENT AUTHORIZATION (if applicable)
   ___$530.00_____ FEE FOR APPLICATION

3. INCLUDED FORMS AND DIRECTIONS FOR APPLICANTS REVIEW:
   SECTION 400 (USE DISTRICTS)
   CHECKLIST FOR PLOT PLANS

4. PLEASE NOTE:

ADMINISTRATIVE MEDICAL VARIANCE APPLICATION REQUESTS ARE REVIEWED PRIOR TO NOTIFICATION BEING MAILED AND POSTED. APPLICANTS WILL BE NOTIFIED IF APPLICATIONS ARE INCOMPLETE OR DO NOT MEET THE ORDINANCE REQUIREMENT. PROPERTY OWNERS WITHIN 300 FEET OF THE SUBJECT PROPERTY WILL BE NOTIFIED BY MAIL AND ALLOWED FIFTEEN (15) DAYS FROM THE DATE OF MAILING TO FILE WRITTEN RESPONSES.
ADMINISTRATIVE MEDICAL VARIANCE APPLICATION

A MANUFACTURED HOME is allowed, and can be used as a secondary medical dwelling in the R-1 THROUGH C2 ZONING DISTRICTS. The use is conditional upon the actual density standards being met. All approved Secondary Medical dwellings shall be used exclusively by an ill, elderly, or handicapped relative in need of supervision or special care, or, for a care provider for such a person.

Approved Administrative Medical Variances are good for a period of three (3) years, with annual Staff review, and may be extended if the need is verified.

STEP 1: APPLICATION FOR AN ADMINISTRATIVE MEDICAL VARIANCE

A. Secondary Medical Dwelling Pre-application meeting. The applicant(s) discusses and reviews the Secondary Medical Dwelling Variance application with the Land Use Unit located at 1120 Commerce Drive, Prescott, or 10 South 6th Street, Cottonwood. Appointments are recommended.

B. The applicant(s) submits a completed application to the Development Services Department, along with the application fee and all other required listed documents as stated on the application check-list.

C. Processing by Staff. The Land Use Unit reviews the application to insure that all standards as listed in Section 412 D., 525 F. AND 525 B. 1 through 7 of the Yavapai County Planning and Zoning Ordinance for Secondary Medical Dwellings can be met.

Administrative Medical Variance Application fees are not refundable if the application is denied or is withdrawn by the applicant, but can be applied toward the public hearing.

If the Administrative Medical Variance cannot be approved due to the criteria not being met or an objection from an adjacent property owner is received, an additional fee is required for a Variance Hearing by the Board of Adjustments and Appeals. This request must be made by the applicant(s).

STEP 2: BUILDING PERMITS/ZONING CLEARANCES

A. Building Permits/Zoning Clearance. When the applicant has received notification from the Land Use Unit that the Administrative Medical Variance application has been approved, application to the Yavapai County Development Services Department for a building permit/zoning clearance to place the Secondary Medical Dwelling on the property is required. Copies of all applicable permits are to be submitted to the Land Use Unit.

B. Covenants and Recordation. A covenant shall be recorded on the subject parcel. A copy of the recorded covenant will be submitted to the Land Use Unit.

C. Expiration and/or Extension. An Administrative Medical Variance shall be valid for a period of three (3) years, or until the Administrative Medical Variance is no longer needed. The applicant(s) is responsible for notifying the Land Use Unit in writing of any needed extensions or when the need no longer exists.
SECTION 525 DWELLING – SECONDARY MEDICAL

SECONDARY MEDICAL DWELLING VARIANCE for Medical Hardships as defined under Section 301 (Definitions) subject to the following performance criteria (Section 525 Dwelling – Secondary Medical):

A. A property owner may apply to the Land Use Specialist for a variance to allow a Secondary Medical Dwelling for the use of an ill, handicapped or elderly person in need of special care of supervision, or a care provider for such person, if the ill, handicapped or elderly person is the owner or the resident of the main dwelling or a relative of the owner or resident of the main dwelling. The variance application shall include:

1. Legal description.
2. Signatures of the property owner(s) of record or the authorized agent of the owner.
3. A letter of authorization is needed if an agent represents the property owner.
4. A sketch plan of the subject property showing existing and proposed structures, access, parking, and distances from structures to property lines and to other structures.
5. The names(s) of the person(s) who will occupy the Secondary Medical Dwelling and a statement signed by a licensed physician that special care or supervision is required for the ill, handicapped, or elderly relative.
6. Any other information reasonably necessary to evaluate the application, which is required by the Land Use Specialist.
7. A processing fee shall be submitted in association with an Administrative Secondary Medical Dwelling Variance Application. Upon receipt of an Appeal as set out under Subsection D of the Section, a fee equal to a standard Variance application shall be necessary to cause the matter to be presented to the Board of Adjustments. Any fee submitted for the Administrative Medical Application shall be applicable to the standard variance application.

B. A Secondary Medical Dwelling Variance shall be subject to the following standards:

1. The parcel exceeds thirty-five thousand (35,000) square feet in size and the Secondary Medical Dwelling is situated on the parcel to meet the primary setbacks of the applicable density district.
2. Property owner shall provide a statement signed by a physician that special care or supervision is required for the ill, handicapped, or elderly relative.
3. Only one (1) Secondary Medical dwelling per lot shall be allowed.
4. The same access that serves the main dwelling shall be used for the Secondary Medical dwelling.
5. The owner shall record a covenant running with the land stating that the Secondary Medical Dwelling shall be removed from the property (if not a site built guest home) within ninety (90) days of the date the Secondary Medical dwelling is no longer occupied by the person(s) specified in the Secondary Medical Dwelling Variance.
6. The Secondary Medical dwelling will not cause adverse effects to surrounding properties.
7. The Secondary Medical dwelling is placed in order to meet separation requirement of current applicable Building and Fire Codes.
8. The Secondary Medical Dwelling shall be serviced by an approved on-site wastewater system or sewer system.

C. The Land Use Specialist may attach additional conditions to the permit to mitigate adverse effects to surrounding properties.
D. Appeals: Prior to the issuance of a Secondary Medical Dwelling Variance, property owners within three hundred feet (300') of the subject property shall be notified by mail with said notice posted on the property and given fifteen (15) days from the date of mailing of notice to file written protest with the Land Use Specialist.

1. The notification shall include the approved sketch plan, the procedures and requirements for submitting an appeal.

2. The written protest shall include the name and address of the person submitting the appeal and reasons why the application does not meet the Secondary Medical Dwelling Variance standards as set forth by this ordinance.

3. The Board of Adjustment and Appeals shall hear the appeal in accordance with Section 207 (Adjustment Board).

E. Action by the Land Use Specialist: A Secondary Medical Dwelling Variance may be issued by the Land Use Specialist if no written protest is received and the standards, set forth above, are met.

F. Validity and extension of a Secondary Medical Dwelling Variance: A Secondary Medical Dwelling Variance shall be valid for up to three (3) years and may be extended by the Land Use Specialist. A property owner requesting extension of the Variance shall submit to the Land Use Specialist evidence that the Secondary Medical Dwelling Variance is still needed and that conditions of the variance have been met. The Land Use Specialist may extend the Secondary Medical Dwelling Variance for a period of three (3) years, and shall be demonstrated annually by the property owner that the justification for which the Land Use Specialist authorized occupancy of the secondary medical dwelling pursuant to performance criteria under Section 525 B.1 through B.8 remains necessary and is as represented to obtain the original variance.

G. Fee: The fee shall be in accordance with the standard fee for variances as approved by the Board of Supervisors. Any fee submitted for the Administrative Medical Application shall be applicable to the standard Variance application
Type of Application:
- □ UP  □ ZMC  □ FSP  □ PAD  □ Wireless
- □ Sketch  □ PP  □ FP  □ FP Recording
- □ Variance  □ Admin Review w/Comment
- □ Admin Review  □ Minor Admin Variance

Project Name: _______________________________________

Located in:
Sec _________ Twp _________ Rng _______

Assessor’s Tax Parcel Number:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

FOR OFFICE USE ONLY

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Hearing By: | Date

P&Z
Final Action | A | D | W
BOA
Final Action | A | D | W
Admin
Final Action | A | D | W

A=Approved, D=Denied, W=Withdrawn

Property Owner: | Applicant/Agent:

Mailing Address: | Mailing Address:

City: | City:

State: | State:

Zip Code: | Zip Code:

Phone: | Phone:

Fax: | Fax:

E-mail: | E-mail:

Request: ________________________________________________________________
________________________________________________________________________

Legal Description: □ See attached Legal Description OR:
Lot: ______________ Block: ______________
Subdivision: __________________________________________ Unit: ______________

I hereby certify that the information submitted on this application is complete and accurate to the best of my knowledge and that I am the applicant or agent of the same as stated in the attached documentation.

Signature: _____________________________________________________________

Please Print Name: _____________________________________________________

Date: __________________________________________________________________
APPLICATION FOR ADMINISTRATIVE MEDICAL VARIANCE

ACTUAL LOT DENSITY ___________________ REQUIRED DENSITY ____________________

TYPE OF SECONDARY DWELLING (# OF BEDROOMS) ____________________________________________

OCCUPANTS OF THE SECONDARY DWELLING __________________________________________________

The following documents shall be attached:

1. A Plot Plan of the lot drawn to scale
2. Statement from physician (on physician letterhead) stating special care or supervision is required by the ill, handicapped or elderly occupant. Nature of illness must be stated.
3. Legal description of the parcel(s)
4. Fee of $530.00, payable to Yavapai County Development Services (Y.C.D.S.)
5. Letter of agent authorization, (when applicable)
6. Permission to Enter Property
7. Surrounding property owners list

The following documents shall be attached AFTER approval has been granted:

A recorded covenant
Copies of building permits/zoning clearances for the secondary dwelling.

I, THE UNDERSIGNED REPRESENT THAT ALL THE FACTS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT A COVENANT MUST BE RECORDED STATING THAT AN ADMINISTRATIVE SECONDARY MEDICAL VARIANCE EXISTS FOR THE SOLE USE OF THE STATED OWNERS AND WRITTEN NOTICE THAT THE USE IS NO LONGER REQUIRED SHALL BE SUBMITTED TO THE DEVELOPMENT SERVICES DEPARTMENT WITHIN NINETY (90) DAYS ONCE THE NEED NO LONGER EXISTS (when a mobile home: the dwelling must be removed from the property within ninety (90) days once the need no longer exists). I HAVE READ, UNDERSTOOD AND AGREE TO THE ADMINISTRATIVE SECONDARY MEDICAL VARIANCE GUIDELINES AND STANDARDS.

Signature________________________________________________Date_________________

******************************************OFFICE USE ONLY******************************************

FEE $________ RECEIPT #____________________ DATE_________________

APPROVED BY____________________________________________DATE_________________
YAVAPAI COUNTY DEVELOPMENT SERVICES
PROPERTY DIRECTIONS

ASSESSOR’S PARCEL#______________________________________________________________

APPLICANT’S NAME______________________________________________________________

DIRECTIONS TO THE PROPERTY:

________________________________________________________________________________
________________________________________________________________________________
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________________________________________________________________________________
PERMISSION TO ENTER PROPERTY

HEARING APPLICATION: __________________ PARCEL #__________________________

LEGAL DESCRIPTION: __________________________________________________

NAME(S): _______________________________ ________________________________

ADDRESS: ______________________________ PHONE ___________________________

I, undersigned, hereby give permission to the Yavapai County Land Use Specialist (or any Deputy Specialist) in the discharge of his duties as stated herein, and for good and probable cause, to enter the above described property to inspect same in connection with the enumerated application made under the terms of the Yavapai County Planning and Zoning Ordinance: or for any investigation as to whether or not any portion of such property, building or other structure is being placed, erected, maintained, constructed or used in violation of the Yavapai County Planning and Zoning Ordinance; or for any investigation for conditions, compliance, and stipulations under the terms of the Yavapai County Planning and Zoning Ordinance and public hearings concerning this parcel. Such entry shall be within 60 days of the date of my signature (below) or within 60 days of the scheduled date of a public hearing for review, transfer, or renewal of the application. Such entry shall be limited between the hours of 7a.m. and 6p.m. MST. I understand that this permission to enter property is OPTIONAL and VOLUNTARILY GIVEN and may be withdrawn or revoked (either in writing or verbally) at any time.

APPLICANT'S SIGNATURE: _______________________________ DATE ____________

(Check one)

_________OWNER

_________AGENT FOR ____________________________________________________

STATE OF ARIZONA ) ss

COUNTY OF YAVAPAI )

On this __________day of ________________20 ___ before me the undersigned Notary Public personally appeared ________________________________, who executed the foregoing instrument for the purpose therein contained. In witness whereof, I hereby set my hand and official seal,

______________________________

NOTARY PUBLIC

______________________________

DATE COMMISSION EXPIRES
Yavapai County Coordinated Permit Process

Plot Plan Sketch and Affidavit
I certify that I am authorized by the property owner to make this application, that all information provided for this application is correct and that this plot plan, as part of the permit, indicates all structures (including fences, walls, and pads), correct property and building dimensions; setback distances; legal access and easements; road cuts; walls and/or any water course (including washes, drainage ditches etc.) on or within 50’, 100’ and 200’ respectively of the property. We agree to conform to all applicable laws of this jurisdiction.

____________________________________           ___________________________
Signature Date

Zoning:
Stories:
Height:
Slope:
FY:
RY:
EY:
IY:
LC:
Lot Area
Lot %
Density Used:

Must be drawn to scale per checklist on back of this form

LAND USE DATE: TOTAL SHIELDED LUMENS:
APPROVAL BY:
NOTE: PLOT PLAN MUST BE DRAWN TO SCALE IN BLACK INK ON THE FORM PROVIDED THAT INCLUDES ALL OF THE FOLLOWING INFORMATION.

( ) Property dimensions
( ) Indicate scale used (Engineer's Scale –1"=20' 30' 40' 50' 60')
( ) Indicate North with directional arrow
( ) Proposed structures with all dimensions, including Pools
( ) Existing structures with all dimensions, including Pools
( ) Distances between structures
( ) Distance from all structures to the property lines
( ) Description of each structures use
( ) Adjacent streets/roads
( ) Driveway(s) and material used (i.e. gravel, concrete...)
( ) Location, Size, Dimensions of Septic System with Leach Area
  ___ Perc test holes
  ___100% Expansion area (minimum distance from septic and leach)
  ___Length and slope of outlet lines (5 foot min.)
  ___Distribution Box/Diversion Valve
  ___Inspection Pipe(s)
  ___Length and number of leach lines; distance between trenches
  ___Degree of slope in leaching area
  ___Length and slope of building sewer line (max 100 feet)
  ___Cleanout pipe in building sewer lines
  ___Setbacks from property lines, buildings wells, dry washes, other sewage systems, water lines.

(NOTE: If individual wells provide water, maintain minimum septic setbacks of 50’ from property lines and 100’ from all wells including neighboring wells)

( ) Location of all utilities, poles, meters and lines
( ) All easements, regardless of purpose (i.e. roads, utilities)
( ) Slope information
  ___Indicate High and Low points
  ___Indicate by arrows direction of slope
  ___Indicate difference in elevation between high and low points
( ) Distance from the closest structure to the top of bank of any watercourse(s)
  (i.e. washes, streams, creeks, arroyos, rivers, drainage ways and slews)
( ) Location where orange Pre-issue card will be posted