



**ISLAND COUNTY
PLANNING & COMMUNITY DEVELOPMENT**

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<https://www.islandcountywa.gov/Planning/Pages/Home.aspx>

**TEMPORARY USE APPLICATION
Temporary Residence for Relatives with a Physical or Mental Infirmary**

GREYED SECTION FOR COUNTY USE ONLY - Type I Decision Process				
Application Number	Date Received	Fee Paid	Receipt	Associated BP Number
_____	_____	_____	_____	_____

Applicability. Use this form if you plan to install a mobile or manufactured home on your parcel for temporary occupancy by a relative with a physical or mental infirmity OR by a person who will be caring for an infirm relative on the site. **This application must be submitted with the Building Permit/Mobile Home Permit application.** Please note that your parcel must be zoned Rural or Rural Residential.

Procedure. Type or neatly print all application information and provide the owners signatures in blue ink. Take your time to provide complete answers and all the information requested. Make sure to show the temporary residence on your Building Permit Plot Plan. Submit this application together with the complete Mobile/Manufactured Home Permit application, the plot plan, the application fee, and any necessary documentation outlined in this application. **Submit the complete application package in person to Island County Planning and Community Development.**

Contact Person Name _____
(The agent or consultant for the application who will be the only party that will receive correspondence, and inquiries.)

Street _____ **City, State, Zip** _____
Phone (____) _____ **E-Mail Address** _____

Applicant/Owners Name _____
Street _____ **City, State, Zip** _____
Phone (____) _____ **E-Mail Address** _____

Project Address (Or Closest Intersection) _____

Assessor Parcel Number(s): _____
Section _____ Township _____ Range _____ 1/4 Section _____

Legal Description of Parcel _____

Location: North Whidbey Central Whidbey South Whidbey Camano Island
Zoning _____ **Size of Parcel (sq.ft. or acres)** _____

Name of person who will live in the Temporary Residence? _____
Is this the: Infirm person or the Care giver. **This certificate is for this person.**

Name of Infirm Relative _____
Family relationship to the occupants of the primary dwelling unit _____
Name of medical doctor caring for the infirm relative _____

Attach a letter from a medical doctor, licensed by the State of Washington, that states that the infirm person is not capable of maintaining a separate residence and that the infirmity is due to a physical or mental impairment.

Type of Structure (Note: Recreational Vehicles may not be used for this purpose.)

Mobile Home Manufactured Home

Year _____ **Dimensions** _____ **Model** _____
Current Address of Mobile/Manufactured Home _____
Parcel Number of Current Location _____

Describe the proposed source of water supply to the Temporary Residence, including the name of the provider if to be served by a public system _____

Describe the proposed method of sewage disposal the Temporary Residence, including the name of the district with jurisdiction, if to be served by sanitary sewer: _____

On the Associated Building Permit/Mobile Home Plot Plan, show the location, dimensions, setbacks from property lines, and access for the temporary residence. (Plot Plan must be drawn to a scale of not less than 1 inch = 20 feet and not greater than 1 inch = 100 feet.)

**CERTIFICATE OF TEMPORARY USE
Residence for an Infirm Relative**

I/We, _____, own the subject parcel and request approval for _____ to reside in the proposed temporary residence, as described in this application.
I/We agree to the following conditions of approval:

1. **This certificate is valid for one (1) year after the date of issuance**, and it must be renewed on an annual basis. A renewal permit shall not be granted until the applicant submits a certificate of infirmity from a Washington State licensed medical doctor that states the infirm person is not physically or mentally capable of maintaining a separate residence. The infirmity must be due to physical or mental impairment.
2. The applicant agrees to move the Mobile/Manufactured Home off the site as follows: (1) by the expiration date of this certificate, unless it is renewed, or (2) within 45 days after the unit has ceased to be used by the person for which the certificate was issued, whichever comes first.
3. Prior to installing the Mobile/Manufactured Home on the approved site or re-location the unit to another site, a permit must be obtained from Island County Engineering to move the unit over county roadways. Verification of payment of property taxes is required to receive the permit.
4. Prior to re-locating the Mobile/Manufactured Home to another site, approval must be obtained from Island County Planning and Community Development to install the unit on the new site.
5. The Mobile/Manufactured Home must be currently titled within the State of Washington. If the title has been eliminated, Mobile/Manufactured Home title must be reinstated prior to issuance of this certificate.
6. The Mobile/Manufactured Homes shall be installed with full skirting that is compatible in material, color, and pattern with the siding of the Mobile/Manufactured Home or by using a perimeter masonry foundation. This condition shall be met within thirty (30) days of placement of the Mobile/Manufactured Home on the site. The Mobile/Manufactured Home shall meet all of the standards and requirements of the State of Washington, Island County, and any other applicable government regulations in effect at the time of installation, but it shall not be subject to ICC 17.03.180.N.1.a), c) & d) of the county zoning ordinance. The Mobile/Manufactured Home shall bear an insignia issued by a State or federal regulatory agency indicating that the Mobile/Manufactured Home complies with all applicable construction standards of the U.S. Department of Housing and Urban Development or that it passed a State systems inspection at the time it was constructed or has since passed a State alteration/fire safety inspection.

SIGNED: _____, Owner
 _____, Owner

STATE OF _____)
) ss SEAL
 COUNTY OF _____)

On the _____ day of _____, 20____, before me, a Notary Public in and for the State of _____, duly commissioned and sworn, personally appeared _____, to me proven to be the individual(s) who executed this document of their free and voluntary act and deed for the purposes therein mentioned.

 Notary Public in and for the State of _____,
 Residing at _____
 My Commission expires _____

With adherence to required conditions, the proposed Temporary Residence as described by the applicant is consistent with the standards in ICC 17.03.180.V. It is the responsibility of the applicant:

- To follow the approved plan and meet **all** conditions of approval.
- Remove the Mobile/Manufactured Home to a site approved by Island County upon expiration of this certificate or within 45 days after the unit has ceased to be used by the person for which this certificate is being issued. This approval of a Temporary Residence is **valid for one year** from the date of this decision and shall **expire on _____ unless it is renewed as described.**

Approved By: _____ Date: _____
Island County Planning & Community Development