



APPLICATION FOR A TEMPORARY MANUFACTURED HOME SUBMITTAL CHECKLIST

1. Applicant must read the attached *Manufactured Home Regulations before filling out this application (Article 7, Section 7.7-1, A, 6&7, of the Zoning Ordinance)*
2. Complete application including:
 - a. Copy of the deed that reflects the current owner(s) of the property.
 - b. A to-scale site plan (Refer to the site plan checklist for additional information).
 - c. If not on public sewer, applicant must verify with the Environmental Health Department that the placement of this temporary manufactured home can meet the requirements for a septic system (Contact number is 770-479-0444). **Applicant must provide written approval from Environmental Health and the date of the approval with the application.**
 - d. Statement of Acknowledgement
 - e. Affidavit of Facts (Not required for on-site built home construction)
 - f. Doctor's Affidavit (for Hardship due to Health only).

After a decision is reached, you will be notified in writing by the Zoning Manager. If approved, provide the approval letter to the Development Service Center to obtain a Temporary Use Permit. Please call 770-721-7810 or additional information may be found here: <https://www.cherokeega.com/dsc/building-permits-and-inspections/manufactured-home-permit/>.

****Please note the Temporary Use Permit is limited to a period not to exceed six (6) months for residential purposes while a site-built home is constructed. ****

**** Please note the Temporary Use Permit is limited to a period not to exceed twelve (12) months for hardship due to the loss of use of home or building due to fire, flood, or other damage; hardship due to extensive remodeling of a home or building making the structure unsuitable for use or occupancy; and hardship due to a health or health related problem of a family relative. ****

To exceed the periods above, the applicant must receive specific written approval by the Board of Commissioners.

Cherokee County

SITE PLAN CHECKLIST



A site plan shall be prepared by a registered design professional showing the dimensions, acreage and location of the tract(s). Plan shall be stamped and not more than two years old. The following information should be included on the site plan, if applicable:

- a. Location Map. A general location map.
- b. North Arrow
- c. Land Lot Lines
- d. Date of plan
- e. Graphic scale
- f. Surveyed boundaries with bearing and distances of the entire tract and their relationship to adjoining properties, public rights-of-way, and easements.
- g. Total land area
- h. Limits of 100-year floodplain and acreage of flood plain
- i. Lakes and streams, including required state or local buffers
- j. Wetlands
- k. Existing zoning buffers or proposed landscape buffers
- l. Utility and access easements
- m. Cemeteries
- n. Building setback lines
- o. Existing structures or buildings
- p. Existing zone district classification(s), type and land use of abutting properties
- q. Location of all proposed buildings/structures
- r. Total floor area of all buildings/structures
- s. Location and right-of-way of streets, roads, alleys, railroads, with lengths and paving widths, road names or designations.
- t. Parking Spaces and Loading Areas
- u. Existing or proposed septic field lines



APPLICATION FOR TEMPORARY MANUFACTURED HOME

Request for Temporary Manufactured Home (Check all that applies)

<input type="checkbox"/>	Site Built Home Construction
<input type="checkbox"/>	Extensive Remodeling of a Home or Buildings
<input type="checkbox"/>	Fire, Flood, or Other Damage
<input type="checkbox"/>	Health

Property Information [refer to www.cherokeega.com – GIS and Mapping Tab]

Tax Identification #(s): (Ex: 14N22 006 N)	
Property Identification #(s): (Ex: 14-0226-0014)	
Address(es):	
Land Lot(s):	Land District(s):
Total Acreage:	
Current Zone:	

Contact Information

Applicant (Primary Contact)	Name:		
	Address:		
	City:	State:	Zip:
	Email:		Phone:
	Signature:		Date:
Property Owner	Name:		
	Address:		
	City:	State:	Zip:
	Email:		Phone:
	Signature:		Date:

****Signatures of all property owners listed on the recorded deed are required****

STATEMENT OF ACKNOWLEDGEMENT

I, _____, as applicant, do hereby acknowledge my obligation to meet the conditions of the Temporary Use Permit and agree to remove the temporary manufactured home located at _____ at such time as the hardship no longer exists and do authorize Cherokee County to stop the provision of utilities to the manufactured home at the end of the approved time limit.

Failure to do so grants Cherokee County the right to remove same from the premises **at the applicant's expense.**

Applicant (Printed Name)

Property Owner (Printed Name)

Applicant Signature

Property Owner Signature

Sworn to and subscribed before me this: _____ day of _____, 20____.

Notary Signature: _____

(Notary Seal)

AFFIDAVIT OF FACTS

[For Health]

Describe the lack of space within your home to accommodate the relative:

Briefly describe the health problem of the relative:

Name of physician of relative who will provide Doctor's Affidavit:

I, _____, hereby do certify that the information I have provided above is true and correct.

Applicant (Printed Name)

Applicant Signature

Sworn to and subscribed before me this: ____ day of ____, 20____.

Notary Signature: _____

(Notary Seal)

DOCTOR'S AFFIDAVIT

[For Health]

The undersigned, being duly licensed to practice medicine in the State of Georgia, hereby certifies that he/she examined or has personal knowledge of the health circumstances of

Patient's Name (Printed)

Please Mark **Yes** or **No** for the following statements:

- The family relative for whom the temporary use of a manufactured home is requested requires 24-hour nursing care involving the physical presence of a monitor, nurse, or attendant or the presence of such monitor, nurse, or attendant within voice communication of the attended relative. **Yes ()** **No ()**

- The health or health related condition or disability of the family relative has existed for six (6) or more months before the date of the application for Temporary Use Permit, and/or in the professional medical opinion of the physician completing the affidavit, the condition of disability is likely to continue for six (6) or more months. **Yes ()** **No ()**

Physician's Name (Printed)

Physician's Signature

Date

Medical Facility

Street Address

City, State, Zip

Phone Number

Sworn to and subscribed before me this: _____ day of _____, 20____.

Notary Signature: _____

(Notary Seal)

- (6) **Hardship Situations:** A manufactured home may be temporarily placed upon an individual lot when the applicant can show extreme hardship resulting from loss of use of a home or building due to fire, flood or other damage making it unfit or; unsafe for use or occupancy; resulting from extensive remodeling of a home or business making it unsuitable for use or occupancy; or a health or health related problem of a family member which warrants proximity of that relative for monitoring purposes. In cases of hardship, the Zoning Administrator may grant an initial approval not to exceed twelve (12) months. Where a temporary use permit for a hardship is requested to extend beyond twelve (12) months, such use must be approved by the Board of Commissioners, who may require new evidence of the conditions upon which the hardship was based. Prior to the issuance of a temporary use permit based on hardship, the applicant must execute a statement that he acknowledges and agrees that the permit is valid only so long as the conditions of the permit are met, that upon the termination of any of the conditions, the applicant shall cause the removal of the manufactured home at his own expense and failure to do so grants to Cherokee County the right to remove the same from the premises at the applicant's expense.
- i. An application for hardship due to the loss of use of a home or building due to fire, flood, or other damage making it unfit or unsafe for occupancy must be supported by affidavits as to the facts alleged, which affidavits are submitted to the Zoning Administrator at the time of application on the form provided by Planning and Zoning.
 - ii. An application for hardship due to extensive remodeling of a home or building making the structure unsuitable for use or occupancy must be supported by affidavits as to the facts alleged, which affidavits are submitted to the Zoning Administrator at the time of application on the form provided by Planning and Zoning.
 - iii. An application for hardship due to a health or health related problem of a family relative which warrants proximity of that relative for monitoring purposes must be supported by affidavits as to the facts alleged, which affidavits are submitted to the Zoning Administrator at the time of application on forms provided by Planning and Zoning. Both the lack of space within the applicant's home to accommodate the family relative and the health or health related problem must be evidenced and certified to the Zoning Administrator and the application based upon health considerations must be accompanied by an affidavit from a physician stating the health problems necessitating monitoring. The affidavit from the doctor stating the health problem shall contain the sworn statement of such physician that:
 - a. The family relative for whom the temporary use of a mobile home is requested requires 24-hour nursing care involving the physical presence of a monitor, nurse or attendant or the presence of such monitor, nurse or attendant within voice communication of the attended relative; OR
 - b. The health or health related condition or disability of the family relative has existed for six (6) or more months before the date of the application for the temporary use permit, and/or in the professional medical opinion of the physician completing the affidavit, the condition of disability is likely or continue for six (6) or more months. (Ord. 2008-Z-002, 09-16-08; Ord. 2023-R-049, 6.20.23)

- (7) A manufactured home may be placed on a site temporarily for six (6) months for residential purposes while a site-built home is constructed in all residential zoning districts. Upon appeal to the Board of Commissioners, one (1) six (6) month extension shall be allowed. The applicant/property owner shall sign an acknowledgement letter authorizing Cherokee County to stop the provision of utilities to the manufactured home at the end of the approved time limit for this temporary placement of a manufactured home. (Ord. No. 2008-Z-002, 09-16-08)

PUBLIC HEARING FEE SCHEDULE

Rezoning and Special Use Permit Applications

<i>Acres</i>	<i>Single-Family Residential</i>	<i>Multi-Family Residential</i>	<i>Commercial / Industrial</i>
0-20	\$ 250 plus sign fee	\$ 500 plus sign fee	\$ 750 plus sign fee
21-100	\$ 500 plus sign fee	\$ 750 plus sign fee	\$ 850 plus sign fee
101+	\$ 750 + \$ 10 / acre plus sign fee	\$ 1,000 + \$10/acre plus sign fee	\$ 1,000 + \$15/acre plus sign fee
<i>Maximum fee is \$ 2,500</i>			

Amendment / Modification of Zoning Conditions / Other

<i>Administrative Fee</i>	\$ 175 plus sign fee
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Variance / Appeal

<i>Appeal from Action of the Zoning Administrator/Manager</i>	<i>Variance (Residential)</i>	<i>Appeal / Variance (Commercial / Industrial Building Contractor)</i>
\$ 250	\$ 250 plus sign fee	\$ 350 plus sign fee

Legacy Lot

<i>Administrative Fee</i>	<i>Plus required adjoining property owners notice, sign, and cost of legal advertisement</i>
\$ 25	Variable

Public Notice Signs – REQUIRED FOR PUBLIC HEARING APPLICATIONS

<i>Sign Fee</i>	
\$ 50.00 per sign	Number of required signs varies based on number of parcels and road frontages

FEES ARE NONREFUNDABLE