

**TEMPORARY USE PERMIT  
ACCESSORY RESIDENCE**

Name of Applicant: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Relationship to Property Owner: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

LEGAL DESCRIPTION: (as found on the parcel description printout)

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rge. \_\_\_\_\_ E Tax Parcel No. \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Building Permit No.: \_\_\_\_\_

The applicant is granted a Five-Year Temporary Use Permit to place a mobile home on this property as an accessory residence, as authorized by Section 14.10.2.7 of the Suwannee County Land Development Regulations (LDRs), as amended.

If this property is located in a recorded subdivision, then the property owner and applicant certify that there are no deed restrictions for this subdivision which could prevent this accessory residence, as provided in Section 4.19.8 of the Suwannee County LDRs, as amended.

The property owner and applicant agree and understand that this Temporary Use Permit will become null and void if and when the applicant vacates the mobile home and that the mobile home will be removed from this property unless the property owner obtains a Temporary Use Permit.

The property owner certifies that he/she has granted permission to the applicant to place his/her mobile home on this property and understands that the non-ad valorem assessment for solid waste and fire protection will be billed to the property owner's tax bill in future years.

The applicant and property owner(s) hereby certify that the above information is true and correct and understand that any misrepresentation or false statements will render this certificate void.

The permit will expire on \_\_\_\_\_, five years from the date of issuance. **At that time the applicant must reapply for a new temporary use permit, and must pay the required Zoning fee.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner(s)

\_\_\_\_\_  
Address

**\*\*\*THIS PORTION TO BE COMPLETED BY COUNTY\***

\_\_\_\_\_  
Date

\_\_\_\_\_  
County