



# TEMPORARY MOBILE HOME PERMIT APPLICATION INFORMATION

## HOW DO I APPLY?

Obtain a Temporary Mobile Home Permit Application from the Stanislaus County Planning & Community Development. Application can be obtained in person or on-line at our website <http://www.stancounty.com/planning/pl/forms.shtm>. You are urged to meet and discuss your application with Planning staff.

## HOW LONG WILL IT TAKE, FROM THE TIME A COMPLETE APPLICATION HAS BEEN RECEIVED?

Approximately 20 - 30 days

## HOW MUCH WILL IT COST?

New Application fee:	\$404.00
Annual Renewal:	\$58.00
Late Fee:	\$109.00

Fees may be paid by check, cash or credit card.

## WHO APPROVES THE APPLICATION?

The Stanislaus County Director of Planning and Community Development

## BUILDING AND OTHER PERMITS?

After approval of your temporary mobile home permit, you will need to obtain building permits. You may need to obtain an encroachment permit or other permits. Staff can assist you in identifying these permits.

## WHAT INFORMATION WILL I NEED TO PROVIDE?

A complete application/questionnaire form including all applicable information listed on the Checklist on pages i - ii.

# APPLICATION CHECKLIST:

= Information Included

All Applications:

- Complete Application/Questionnaire Form**  
*Must be signed by all property owners and the applicant(s).*  
**\*\*\*Review carefully for specific restrictions/requirements, that may impact the required items listed below**
- One copy of the current Grant Deed**  
*Must include a legal description of the property for which the project is being requested. Please note that the legal description is not the same as the Assessor's Parcel Number (APN).*
- 11" by 17" reproducible, to scale, legible plot plan which clearly shows the intended project. The plot plan must contain the following information:** (See example plot plans on pages 9-10)
  - dimensions of the property;
  - location and dimensions of all existing structures and the proposed mobile home;
  - distance of the proposed mobile home to existing structures and property lines;
  - location of any existing or proposed septic tank and leach line;
  - irrigation lines and/or drainage ditches;
  - all recorded irrigation and utility easements;
  - North arrow, scale, and street names;
  - Location of existing and proposed driveways.
- Application Fee of \$404.00**

***Full-Time Employee:***

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W-2, 1099, or other proof of full-time employment

***Care of Family Member:***

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Physician's Verification Form — See Page 7

***Watchman: Applicable only in the Highway Frontage (H-1), General Commercial (C-2), Planned Development (PD), Industrial (M), and Limited Industrial (LM) Zoning Districts.***

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No additional information needed (beyond the completed Watchman section of the application)

**APPLICATION CHECKLIST MUST BE SUBMITTED WITH APPLICATION  
QUESTIONNAIRE**



# APPLICATION QUESTIONNAIRE

Please Check applicable boxes

**APPLICATION FOR:**

*Please review the below referenced code sections of attached Chapter 21.72 of the County Zoning Ordinance to insure your request is consistent with County Code.*

**Care of Family Member**

Section 21.72.020(B)

**Full-Time Employee**

Section 21.72.020(C)

**Watchman**

Section 21.72.020(D)

**PLANNING STAFF USE ONLY:**

Application No(s): \_\_\_\_\_

Date: \_\_\_\_\_

S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ \ \_\_\_\_\_

GP Designation : \_\_\_\_\_

Zoning: \_\_\_\_\_

Fee: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Received By: \_\_\_\_\_

Notes: \_\_\_\_\_

In order for your application to be considered COMPLETE, please answer all applicable questions on the following pages, and provide all applicable information listed on the checklist on pages i - ii. It may be necessary for you to provide additional information and/or meet with staff to discuss the application. Pre-application meetings are not required, but are highly recommended. An incomplete application will be placed on hold until all the necessary information is provided to the satisfaction of the requesting agency. An application will not be accepted without all the information identified on the checklist.

Please contact staff at (209) 525-6330 to discuss any questions you may have. Staff will attempt to help you in any way we can.

## PROJECT INFORMATION

**Complete and accurate information saves time and is vital to project review and assessment. Please complete each applicable section entirely. If a question is not applicable to your project, please indicate this to show that each question has been carefully considered. Contact the Planning & Community Development Department Staff, 1010 10<sup>th</sup> Street - 3<sup>rd</sup> Floor, (209) 525-6330, if you have any questions. Pre-application meetings are highly recommended.**

**CONTACT PERSON:** Who is the primary contact person for information regarding this project?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

(Attach additional sheets as necessary)

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**APPLICANT'S NAME:**  
(If different from Property Owner)

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

***PROPERTY OWNER/APPLICANT SIGNATURE***

I hereby certify that the facts, statements, and information presented within this application form are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the County. I hereby certify that I have read and fully understand all the information required in this application form including:

- 1. The Indemnification on Page 9.

**Property Owner(s):** (Attach additional sheets as necessary)

Signature(s)

Print Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant(s):** (If different from above)

Signature(s)

Print Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SITE & MOBILE HOME INFORMATION

ASSESSOR'S PARCEL NUMBER(S): Book \_\_\_\_\_ Page \_\_\_\_\_ Parcel \_\_\_\_\_

additional parcel numbers: \_\_\_\_\_

Project Site Address  
or Physical Location: \_\_\_\_\_  
\_\_\_\_\_

Property Area: \_\_\_\_\_ Acres

Present Use of Property: \_\_\_\_\_  
\_\_\_\_\_

List any known previous temporary mobile home located on the property. (Please identify permit number, name, reason for use.) Please indicate if mobile home is still located on the property or if it has been removed.

\_\_\_\_\_  
\_\_\_\_\_

List any known previous projects approved for this site, such as a Use Permit, Parcel Map, etc.: (Please identify project name, type of project, and date of approval)

\_\_\_\_\_  
\_\_\_\_\_

**ADJACENT LAND USE:** (Describe adjacent land uses within 1,320 feet (1/4 mile) and/or two parcels in each direction of the project site)

East: \_\_\_\_\_

West: \_\_\_\_\_

North: \_\_\_\_\_

South: \_\_\_\_\_

**LIST ALL EXISTING DWELLINGS, INCLUDING MOBILE HOMES:** (Attach additional sheet if necessary):

<u>Address</u>	<u>Occupant</u>
Example: 222 Main Avenue	Property Owner - Joe Smith
_____	_____
_____	_____
_____	_____
_____	_____

**LIST THE NUMBER AND USE OF ALL NON-RESIDENTIAL STRUCTURES ON THE PROPERTY**  
(PLEASE BE SPECIFIC):

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**PROPOSED MOBILE HOME:**

- 9) **Make (if known):** \_\_\_\_\_
- 10) **Model (if known):** \_\_\_\_\_
- 11) **Year (if known):** \_\_\_\_\_
- 12) **Size (if unknown list anticipated size):** \_\_\_\_\_
- 13) **Number of bedrooms/baths (required):** \_\_\_\_\_

**WILLIAMSON ACT CONTRACT:**

**YES NO** Is the property currently under a Williamson Act contract?  
Contract Number: \_\_\_\_\_

If yes, has a Notice of Non-Renewal been filed?  
Date Filed: \_\_\_\_\_

**If Yes, Please note the following:**

In October 2003, Governor Davis signed into Law AB1492 (Laird) which, effective January 1, 2004, amends the Government Code as it relates to Williamson Act contracts. AB1492 considers that a landowner has "materially breached" the contract if both of the following conditions are met:

Government Code Section 51250

(1) A commercial, industrial, or residential building is constructed that is not allowed by this chapter or the contract, local uniform rules or ordinances consistent with the provisions of this chapter, and that is not related to an agricultural use or compatible use.

(2) The total area of all of the building or buildings likely causing the breach exceeds 2,500 square feet.

So what does all of this mean to you? What it means to you - the Williamson Act contract holder - is that you may not be able to place a temporary mobile home on your property if it is not specifically related to the agricultural use of that property. Approval of agriculturally related buildings will be dependent on its compatibility with the on-site agricultural use of the property and may be delayed until any questions of compatibility are resolved.

AB1492 includes very specific, and costly penalties to the landowners and the threat of financial penalty to the County should any breach of the contract be discovered and not eliminated. The monetary penalty to the landowner would be 25 percent of the unrestricted fair market value of the land rendered incompatible by the breach, plus 25 percent of the value of the incompatible building and any related improvements on the contracted land.

The Department of Planning and Community Development is actively working to assess the impacts of AB 1492 and, if needed, will be making recommendations regarding changes to the County Code and County's Uniform Rules for the Williamson Act. Staff is available to discuss AB 1492 in person or via phone at (209) 525-6330.

# FULL-TIME EMPLOYEE

COMPLETE THIS SECTION ONLY WHEN APPLICATION IS FOR A FULL-TIME EMPLOYEE

Please read section 21.72.020(c) of attached Chapter 21.72 of the County Zoning Ordinance to insure your request is consistent with the County Code.

## AGRICULTURAL USE OF PROPERTY:

(include only the uses of property upon which the mobile home will be located, attach additional sheets if necessary)

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## AMOUNT OF CROPS:

(Please complete if applicable - attach additional sheets if necessary)

<u>Use</u>	<u>Acreage</u>
Example: Almonds	38 acres
_____	_____
_____	_____

## AMOUNT OF ANIMALS:

(Please complete if applicable - attach additional sheets if necessary)

<u>Type</u>	<u>Number</u>
Example: Dairy Cows	400
_____	_____
_____	_____

## WILL THE FULL-TIME EMPLOYEE BE WORKING OFF-SITE ON PROPERTY OWNED OR LEASED BY THE APPLICANT?

YES **9** NO **9**

If yes, please provide details regarding location, amount of crops, number of animals: (attach additional sheets if necessary)

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## PRINCIPLE RESIDENCE:

Who occupies the principle residence of the property?

<u>Name</u>	<u>Address</u>
_____	_____

YES NO

**DOES THE OCCUPANT OF THE PRINCIPLE RESIDENCE WORK FULL-TIME ON THE PROPERTY:** (additional information may be requested to verify full-time involvement)

**PLEASE ATTACH THE NECESSARY W-2, 1099, OR OTHER PROOF OF FULL-TIME EMPLOYMENT**

# **CARE OF FAMILY MEMBER**

**COMPLETE THIS SECTION ONLY WHEN APPLICATION IS FOR CARE OF FAMILY MEMBER**

Please read section 21.72.020(b) of attached Chapter 21.72 of the County Zoning Ordinance to insure your request is consistent with the County Code.

**NAME OF FAMILY MEMBER(S) BEING PROVIDED WITH CARE AND RELATIONSHIP TO CAREGIVER:**

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**Please note the following requirements must be met:**

(Please contact staff to discuss your situation if any of the following cannot be met.)

- **No other housing must be available. This includes existing residences that might be occupied by other family or rented.**
- **Proposed mobile home must connect to the existing sanitary facilities of the occupied single-family dwelling.**
- **Relocation of the proposed mobile home shall not be detrimental to surrounding properties and shall be located within 150 feet of the occupied single-family dwelling and shall not be located in the front yard of the residence.**

**PLEASE ATTACH A COMPLETED AND SIGNED COPY OF THE NECESSARY PHYSICIANS VERIFICATION FORM — SEE PAGE 7**





DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

1010 10TH Street, Suite 3400, Modesto, CA 95354  
Phone: 209.525.6330 Fax: 209.525.5911

Form Available Online: <http://www.stancounty.com/planning/applications.shtm>

PHYSICIANS VERIFICATION FORM

**TO:** Patient's Physician  
**FROM:** Stanislaus County Planning and Community Development  
**SUBJECT:** Temporary Mobile Home Permit No. \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

The above referenced patient has applied for a temporary mobile home permit pursuant to County Code Section 21.72.020(B). Temporary mobile home permits are allowed when necessary to provide supplemental housing for care of ill, infirm or aged members of the family who must have assistance with normal daily activities. Temporary mobile home permits are issued on a year-to-year basis. As such, it will be necessary for a physician to reaffirm the need for assistance each year in order for a renewal to be granted.

Examples of normal daily activities include, but are not limited to: bathing, cooking, dressing, and walking. Normal daily activities do not generally include activities such as yard work, shopping, assistance to doctor's visits, or emotional support. Age alone is not a factor in granting a permit. If the patient's need is temporary, the permit will be void at such time assistance is no longer needed.

**The patient named above is under my care, and I have read the above information. In my professional opinion, the patient has a physical condition requiring assistance with normal daily activities. I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing statement is true and correct.**

\_\_\_\_\_  
Physician's Signature  
*(M.D. original signature. No faxes or copies.)*

\_\_\_\_\_  
Date

Physician's Name: \_\_\_\_\_  
*(Please print legibly or attach a business card)*

Physician's Phone Number: \_\_\_\_\_

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

Physician's No.: \_\_\_\_\_

# WATCHMAN

**COMPLETE THIS SECTION ONLY WHEN APPLICATION IS FOR A WATCHMEN IN THE HIGHWAY FRONTAGE (H-1), GENERAL COMMERCIAL (C-2), PLANNED DEVELOPMENT (PD), INDUSTRIAL (M), AND LIMITED INDUSTRIAL (LM) ZONING DISTRICTS.**

Please read section 21.72.020(d) of attached Chapter 21.72 of the County Zoning Ordinance to insure your request is consistent with the County Code.

**OUTSIDE STORAGE AREA:**

Size of storage area: \_\_\_\_\_ Acres                      Or                      \_\_\_\_\_ Square Footage

**Type and amount of items being stored:**

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**Estimated value of stored items:**

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**INDEMNIFICATION:**

In consideration of the County’s processing and consideration of this application for approval of the land use project being applied for (the “Project”), and the related California Environmental Quality Act (CEQA) consideration by the County, the Owner and Applicant, jointly and severally, agree to indemnify the County of Stanislaus (“County”) from liability or loss connected with the Project approvals as follows:

1. The Owner and Applicant shall defend, indemnify and hold harmless the County and its agents, officers and employees from any claim, action, or proceeding against the County or its agents, officers or employees to attack, set aside, void, or annul the Project or any prior or subsequent development approvals regarding the Project or Project condition imposed by the County or any of its agencies, departments, commissions, agents, officers or employees concerning the said Project, or to impose personal liability against such agents, officers or employees resulting from their involvement in the Project, including any claim for private attorney general fees claimed by or awarded to any party from County.

The obligations of the Owner and Applicant under this Indemnification shall apply regardless of whether any permits or entitlements are issued.

2. The County will promptly notify Owner and Applicant of any such claim, action, or proceeding that is or may be subject to this Indemnification and, will cooperate fully in the defense.
3. The County may, within its unlimited discretion, participate in the defense of any such claim, action, or proceeding if the County defends the claim, actions, or proceeding in good faith. To the extent that County uses any of its resources responding to such claim, action, or proceeding, Owner and Applicant will reimburse County upon demand. Such resources include, but are not limited to, staff time, court costs, County Counsel’s time at their regular rate for external or non-County agencies, and any other direct or indirect cost associated with responding to the claim, action, or proceedings.
4. The Owner and Applicant shall not be required to pay or perform any settlement by the County of such claim, action or proceeding unless the settlement is approved in writing by Owner and Applicant, which approval shall not be unreasonably withheld.
5. The Owner and Applicant shall pay all court ordered costs and attorney fees.
6. This Indemnification represents the complete understanding between the Owner and Applicant and the County with respect to matters set forth herein.

IN WITNESS WHEREOF, by their signature below, the Owner and Applicant hereby acknowledge that they have read, understand and agree to perform their obligations under this Indemnification.

**Property Owner(s):** (Attach additional sheets as necessary)

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Signature(s)	Print Name
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**Applicant(s):** (If different from above)

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Signature(s)	Print Name
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# EXAMPLE PLOT PLAN

