



Date Stamp

Application for a Temporary Family Health Care Structure

ZPA _____
 Approved by: _____
 Approved Date: _____

Fee*: \$ _____

Make checks payable to PWC
 (*in accordance with current [Fee Schedule](#))

Applicant Information	Name		Title	
	Mailing Address		City/State	Zip Code
	Email		Phone	
Property Information Same as Applicant	Owner Name			
	Address		City/State	Zip Code
	Email		Phone	
Name of Occupant				
Name of physician verifying the status of the mentally or physically impaired occupant of the structure ¹				
Minimum Required Documents				
Written certification verifying the status of the mentally or physically impaired occupant of the structure ¹ House location survey showing the location of the proposed building, dimensions, and setbacks				
Authorized Agent's Name (additional affidavit required)				
Information to be completed by County Staff				
GPIN	Zoning District	Magisterial District	Acreage	

I hereby certify that the information provided in this application and the attached evidence is accurate, true and correct to the best of my knowledge and belief.

Applicant Signature: _____ **Date:** _____

¹ Physician must be licensed by the Commonwealth of Virginia

Approval Conditions

1. This certificate, in conjunction with a certificate of occupancy represents zoning approval for a Temporary Family Health Care Building, pursuant to Section 32-210.16 of the Prince William Zoning Ordinance. This certificate is not valid if the other required certificates and/or permits are not obtained prior to commencement of the use.
2. This certificate is not transferable.
3. Only one (1) temporary family health care structure, as an accessory use, may be placed on the property owned or occupied by a caregiver as his or her residence.
4. The temporary family health care structure (the structure) shall be limited to one (1) occupant who shall be the mentally or physically impaired person
5. The structure shall have a maximum gross floor area of three hundred (300) square feet.
6. The structure shall comply with applicable provisions of the Industrialized Building Safety Law and the Uniform Statewide Building Code.
7. The structure shall not be placed on a permanent foundation.
8. The structure shall comply with the applicable standards for accessory buildings as set forth in Section 32-300.03, except all yard setbacks shall be the same as those that apply to the primary structure.
9. The structure shall be required to connect to any water, sewer, and electric utilities that are serving the primary residence on the property and shall comply with all applicable requirements of the Virginia Department of Health.
10. No signage that advertises or promotes the structure shall be permitted on the structure or elsewhere on the property.
11. Written certification verifying the status of the mentally or physically impaired occupant of the structure shall be provided by a physician licensed by the Commonwealth.
12. Evidence of compliance with this Section must be provided annually on the anniversary date of the initial zoning approval, including a current written certification by a physician licensed by the Commonwealth.
13. The structure shall be removed within thirty (30) days after the mentally or physically impaired person is no longer receiving or no longer in need of the assistance for which the structure was provided.

I hereby apply for the above referenced permit and certify that this address is my legal occupied residence. I also certify that: 1) I have read the approval conditions attached to this certificate; 2) I understand the regulations; and 3) I will abide by them. I understand that this Certificate is not transferable. This approval is based solely on the information provided herein. If such information should be proven inaccurate at a later date, approval will be considered invalid.

Signature _____

Signed this _____ **day of** _____ , _____