



## Bainbridge Township Berrien County, Michigan

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Bill Hodge, Supervisor  
Patty Hiler-Molter, Clerk  
Nancy Weber, Treasurer

## Temporary Medical Hardship Article VI

**A request for a Temporary Medical Hardship mobile home is to be presented to the Planning Commission through the Zoning Administrator.**

Include the following:

1. Agreement Mobile Home Hardship
2. Site Plan in conformance with Article XI (11).
3. Copy of current paid tax bill, deed or other proof of ownership, which includes a legal description of the property, property tax number and proof of taxes paid of said property.
4. Statement from physician.

Applicant should attend the planning commission meeting to answer any questions that may arise. Also note that if approved, the property taxes for the parcel on which the mobile home is placed will be increased by the value of the mobile home.

If a special planning meeting of planning commission is requested, a charge of \$500.00 is required to defray township expenses.

## **Supplemental District Regulations**

### **Article VI**

#### **Section 6.11 – Temporary Dwelling Structures**

- A. No building, mobile home, garage, cellar, basement or other structure which does not conform to the provisions of this Ordinance relative to permanent dwellings shall be erected, altered or moved upon any premises and used for dwelling purposes except under the following applicable limitations:
1. Notwithstanding any other provisions of this Ordinance, the Planning Commission may approve, through the issuance of a Temporary Medical Hardship Permit the use of a mobile home on the same lot as a permitted principal use single-family dwelling for occupancy defined in item 2 below, of the principal use property owners upon a finding of a demonstrated medical hardship on the part of an occupant of the proposed mobile home or an occupant of the principal use single-family dwelling. The Planning Commission may require in this regard one or more medical certificates in support of the alleged medical hardship. A Temporary Medical Hardship Permit for a period of one (1) year shall be obtained from the Zoning Administrator after approval of such hardship permit by the Planning Commission. Subsequent renewals, each for no more than one (1) year, may be granted by the Zoning Administrator on his finding that the medical hardship continues to exist. Permits issued hereunder are Temporary Medical Hardship Permits, and shall not be renewed after a finding by the Zoning Administrator that the hardship no longer exists. Issuance of a permit hereunder shall not establish a nonconforming prior existing use beyond the expiration of the permit. Upon conclusion of the medical hardship, or admission to permanent long-term residential care as opposed to rehabilitative temporary care or other permanent care, the mobile home must be removed within one hundred eighty (180) days of the expiration of the Temporary Medical Hardship Permit. Such mobile home shall meet all requirements of the RMH -Residential Mobile Home District as though located in a mobile home subdivision and on an individual lot.
  2. Temporary Medical Hardship must be a demonstrated medical hardship that temporarily renders one unable to do certain things they once could on their own, such as undertake off site travel unassisted shopping, feeding, and clothing oneself, or personal care assistance.
  3. One medical hardship is allowed per principal use single family dwelling.
  4. In the case of recreational vehicles providing temporary housing of guests or visitors on the premises, such use shall be permitted for a period of time not to exceed thirty (30) days in any twelve (12) consecutive month period, provided the occupants of the recreational vehicle shall have unrestricted use of the sewage disposal and water supply facilities of the principal dwelling.

5. Use of any building, mobile home, garage, basement or other structure for temporary occupancy shall not be adverse to health, safety or the public welfare.
6. The location of each such building, garage, cellar, basement or other structure shall conform to the regulations governing the yard requirements for dwellings, or similar conformable structures in the district in which it is situated, conforming to Section 5.10 of this Ordinance.
7. A Special Land Use Permit must be approved by the Planning Commission with a one (1) year term for any Temporary Hardship Permits other than a Temporary Medical Hardship Permit. A permit under this Section may be revoked if construction of the permanent dwelling is not commenced within thirty (30) day after issuance of a Temporary Hardship Permit. Mobile homes used as temporary housing under this Section shall have Domestic Water Disposal System approved by the Berrien County Health Department, proper drainage and be connected to a pressure water system.
8. In the event of a natural disaster such as fire, wind, etc., so damages a residence that it may not be occupied for a temporary basis, and it is established due to the nature of the property it is necessary to remain on the premises while repairs are accomplished, the Zoning Administrator is hereby authorized to grant an Emergency Permit for a period not to exceed ninety (90) days to occupy a motor home, recreational vehicle, fifth wheel trailer, or travel trailer as temporary emergency housing. An approval by the Planning Commission may be required for any extension beyond the initial ninety (90) day duration as deemed necessary by the Zoning Administrator.

## **Agreement for Placing Mobile Home Under Physical Hardship**

I hereby request permission to place a mobile home on property which I own and occupy in Bainbridge Township. I require this additional home due to the physical hardship existing in the case of (name) \_\_\_\_\_, who is my (relationship) \_\_\_\_\_.

I hereby acknowledge that I will be permitted to place said mobile home on said property, tax code number 11-01- \_\_\_\_\_, by special agreement with the Bainbridge Township Planning Commission. Under this agreement I will be permitted to keep said mobile home on this property as long as the situation for which I require it continues to exist. When such situation no longer exists, I agree that the mobile home will be removed from my property within one hundred and eighty (180) days. If my relative is temporarily moved to another location, such as a hospital or nursing home, the mobile home may remain in place for a period not to exceed one (1) year. Under no circumstance will the mobile home be rented to or occupied by other persons.

I understand that this permit is for a limited period of time and will be granted according to Section 6.11 of the Bainbridge Township Zoning Ordinance. It is a temporary variance of Section 6.04 of that ordinance which requires each dwelling to be located on its own lot of record.

Such mobile home shall meet all requirement of the (RMH) Residential Mobile Home District as though located in a mobile home subdivision or an individual lot.

I further agree that the mobile home will not be placed on my property until all necessary permits are obtained from the Berrien County Health Department and Bainbridge Township. I understand the Bainbridge Township permit must be renewed each year, at no further cost.

Property Owner Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

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



## ARTICLE XI

### Site Plan and Scaled Drawing Requirements

#### Article 11, Section 11.03, A.

- A. A required site plan shall be drawn at a scale of one (1) inch equals one hundred (100) feet and shall contain the following information:
1. The boundary lines of the area included in the site plan, including angles, dimensions and reference to a section corner, quarter corner or point on a recorded plat, an arrow pointing north, and the individual lot areas and dimensions of the land included in the site plan.
  2. Existing and proposed topography, drainage systems, and structures, with topographic contour intervals of not more than two (2) feet.
  3. The shape, size and location of all structures on the lot including yard dimensions, height, floor area and ground coverage ratios and the finished ground and basement floor grades.
  4. Natural features such as wood lots, trees of more than one (1) foot in diameter, streams and lakes or ponds, and man-made features such as existing roads and structures, with indication as to which features are to be retained and which removed or altered. Adjacent properties and their uses shall be identified.
  5. Proposed streets, driveways, parking spaces, curb cuts, loading spaces and sidewalks, with indication of direction of travel for one-way streets and drives and the inside radius of all curves. The width of streets, driveways and sidewalks, and the total number and layout of parking spaces shall be shown.
  6. The size and location of all existing and proposed public and private utilities and required landscaping.
  7. A vicinity sketch showing location of the site in relation to the surrounding street system.
  8. A legal description of the land and lots included in the site plan.
  9. Any other information necessary to establish compliance with this and any other ordinances.
  10. The availability of adequate utility capacity.
  11. The name, signature, title and mailing address of the person who prepared the site plan. A site plan for any development shall be prepared by a registered architect, engineer, professional community planner or land surveyor.

## **MEDICAL HARDSHIP CERTIFICATE**

**To the Bainbridge Township Planning Commission, Berrien County,  
Michigan.**

**I am the attending physician of \_\_\_\_\_**

**And familiar with the physical infirmity or illness, which is as**

**follows: \_\_\_\_\_**

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

**In my opinion, the condition above described will be improved or stabilized by  
Frequent close attention and assistance from \_\_\_\_\_,  
whom I understand is a relative.**

**Date: \_\_\_\_\_ / \_\_\_\_\_**

**(Doctor's Signature)**

**Printed Name: \_\_\_\_\_**

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

**Phone: \_\_\_\_\_**