



FREMONT COUNTY
BOARD OF ZONING ADJUSTMENT
MEDICAL HARDSHIP WAIVER APPLICATION

AWARENESS LETTER

FREMONT COUNTY BOARD OF ZONING ADJUSTMENT
C/O FREMONT COUNTY DEPARTMENT OF PLANNING & ZONING
615 MACON AVENUE – ROOM 210
CAÑON CITY, CO 81212

Dear Sirs:

I, _____, being the owner of property located at

In Fremont County, Colorado do hereby state that I am fully aware of the Board’s Medical Hardship Waiver procedure. I fully understand that the temporary housing unit is for the sole purpose of housing the person(s) indicated in the application as the hardship person(s) and that housing of other persons will result in termination of any granted waiver. I further understand that no rent may be charged for the housing of said temporary unit on my property.

This waiver, if granted, is good for one year and can be renewed annually, provided the condition of the hardship remains the same.

I understand the Board may terminate a Hardship Waiver at their discretion if the circumstances of the hardship change or if a more applicable procedure for the applicant becomes available.

SIGNATURE

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

My commission expires: _____

Notary Public