



OSCEOLA COUNTY

TEMPORARY RESIDENCE APPLICATION

Osceola County Board of County Commissioners
Community Development Department
1 Courthouse Square, Suite 1400
Kissimmee, Florida 34741
Phone (407) 742-0200
Specialpermits@osceola.org

Application No: _____
Date Received: _____

Submittal Type

- ☐ *Temporary Residence Application*
- ☐ *If application is not signed by the property owner, then provide a Property Owner Authorization. Attached authorization form is provided for convenience.*
- ☐ *Proof of Ownership*
- ☐ *Legal Description*
- ☐ *Site plan showing:*
- *Lot Dimensions,*
 - *Location, size and description of the temporary residence.*
 - *Call out Setbacks of Temporary residence from property right-of-way lines.*
- ☐ *Application Fees*
-New \$40.00
-Renewal \$20.00

*****NOTE: If this request is for use of a Recreational Vehicle (RV) as a temporary residence, do not submit this application. A Variance application to the Board of Adjustment is required for an RV to be placed as a temporary residence.**

In accordance with Osceola County Land Development Code, Chapter 3, Article 3.6, Section 3.6.1.A.2. – Temporary Residence.

Property Owner:

Name: _____
Address: _____
Email: _____ Phone: _____

Applicant/Agent:

Name: _____
Address: _____
Email: _____ Phone: _____

Location of Temporary Residence Address: _____

Parcel number of Temporary Residence: _____

Is the Temporary Residence a manufactured home? ____ YES ____ NO **Will it be skirted?** ____ YES ____ NO

Type of Temporary Residence:

(check one box only)

☐ Temporary residence while constructing a Principal Single-Family Residence or while repairing a Principal Single Family Residence damaged by fire, flood, hurricane or other catastrophes.

- Has a building permit been issued for the principal single-family dwelling? ____ YES ____ NO
- Building Permit # _____

☐ Temporary residence as a security residence within agricultural, commercial, institutional or industrial zoning district.

- What zoning district is the proposed Temporary Residence located in? _____
*Attach evidence that a security residence, as opposed to use of periodic security patrols, is necessary to protect the property.

☐ Temporary residence for a medical hardship.

*Provide proof in the form of a letter from an attending physician that a medical hardship exists which requires that the infirm resident have continuous supervision.

I CERTIFY THAT, to the best of my knowledge and belief, all information supplied with this application is true and accurate, and that I am:

- ☐ **Owner of the property described herein. (Attach proof of ownership)**
- ☐ **Party to an agreement for deed or sales contract for the purchase of the property.** (If this area is checked, you must be specifically authorized in the contract, or by another legal document, to initiate an application for this request.)
- ☐ **Agent for the owner or purchaser of this property.** (If you checked this area, a written notarized authorization letter from the property owner(s), to act on their behalf, must accompany this request.)

DATE: _____ SIGNATURE: _____

Printed Name: _____

For Office Use Only

Date of Issuance: _____ Effective Date: _____ Code Enforcement Inspection Date: _____

Zoning Approval: _____ Date: _____



Siting Standards

Chapter 3, Article 3.6, Section 3.6.1.A.2

Temporary Residence

Deviations from the siting standards for a temporary residence, including the use of a recreational vehicle as such, must be approved as a variance by the Board of Adjustment. Manufactured homes and mobile homes are approved as a temporary residence and shall comply with the following standards.

- a. Shall be located a minimum of fifteen (15) feet from the principal dwelling.
- b. Manufactured homes shall be skirted.
- c. The setback requirements of the zoning district shall be met.
- d. A building permit must be issued for the setup of the temporary residence.
- e. **For a temporary residence while constructing a principal single-family residence or while repairing a principal single-family residence damaged by fire, flood, hurricane or other catastrophes to the extent the principal single-family residence is no longer able to be occupied, the following standards shall apply:**
 - i. Requires the issuance of a building permit for the principal single-family dwelling. The required site plan shall show the location, size and description of the temporary residence.
 - ii. Shall be approved for one (1) year or until the remodeling is complete, whichever is the shorter period, with a maximum extension of one (1) additional year. The temporary residence shall be removed from the property within thirty (30) days upon issuance of the Certificate of Occupancy for the principal single-family dwelling, regardless of the approval time period.
- f. **Temporary residence as a security residence** within agricultural, commercial, institutional or industrial zoning district.
 - i. The applicant shall provide evidence that a security residence, as opposed to use of periodic security patrols, is necessary to protect the property.
 - ii. A security residence shall not be transferred to another owner or lease of the property unless the identical conditions exist and all site conditions remain the same.
 - iii. Shall be approved for one (1) year and may be renewed upon application.
- g. **Temporary residence for a medical hardship.**
 - i. The applicant shall provide proof in the form of a letter from an attending physician that a medical hardship exists which requires that the infirm resident have continuous supervision.
 - ii. Shall be approved for one (1) year and may be renewed upon re-application without limitation. If for any reason the infirm resident ceases to reside in the principal dwelling or the temporary residence, the applicant shall notify the Planning and Zoning Office and remove the temporary residence from the property within thirty (30) days upon notification.



OSCEOLA COUNTY AGENT AUTHORIZATION FORM

I/We, as the owner(s) of real property in Osceola County, Florida, which is described below do hereby authorize the following person or persons to act as my/our agent to execute any petitions, applications, or other documents necessary to affect the application approval requested and more specifically described below, and to appear on my behalf before any administrative or legislative body in the County concerning the application(s) and to act in all respects as my/our agent in matters pertaining to the requested application(s).

Agent information [PLEASE PRINT]

Name(s): _____
Company: _____
Phone: _____ Email: _____

Requested Application(s): _____

Subject Property [PLEASE PRINT]

Address: _____
Parcel ID(s): _____
Legal Description: _____
_____ See Attached

Property Owner(s) Information [PLEASE PRINT]

Property Owner Name(s): _____
Address: _____
Phone: _____ Email: _____

SIGNED AUTHORIZATION

Date

Signature

Printed Name of Property Owner

STATE OF FLORIDA
COUNTY OF OSCEOLA

The forgoing document was (or affirmed) and subscribed to before me this day of _____ 20__ by _____
_____ Who is personally known to me or who produced _____
as identification.

Public Notary Seal:

Signature of Notary
Notary # _____
My Commission Expires: _____