



CITY OF LYONS

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449 5TH STREET
LYONS, OREGON 97358
cityoflyons@wavecable.com

Received By: _____

Date: _____

Paid: _____

MEDICAL HARDSHIP APPLICATION

NAME OF APPLICANT(s): _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

Phone: _____ email: _____

TWP: _____ RANGE: _____ SECTION: _____ TAX LOT: _____

REASON FOR APPLICATION: _____

MAKE, MODEL AND SIZE OF MANUFACTURED DWELLING: _____

NAME AND RELATIONSHIP OF OCCUPANT: _____

ENVIRONMENTAL HEALTH SEPTIC APPROVED & COPY ATTACHED: YES: _____ NO: _____ Date: _____

I have read and understand Lyons Municipal Code Section 18.30.130. I understand that a biennial review is required to determine if the hardship still exists. I further understand that when the hardship no longer exists, I will have 90 days to remove the manufactured dwelling from my lot. I further understand that failure to remove the manufactured dwelling from my lot within 90 days will constitute a violation of Title 18 of the Lyons Municipal Code and will result in a fine of no less than \$300. LMC Section 18.55.070A provides that a violation of this title shall be enforced pursuant to LMC Chapter 1.25 LMC Chapter 1.25 which provides, among other things, that any individual, firm or corporation whether as principal, agent, or employee violating any provision of the above referenced Municipal Code shall be punished upon conviction thereof, by a fine..... (This fine would be not less than \$300). Failure to comply with a provision of the Code shall be considered a separate offense for each day the violation continues.

SIGNATURE OF APPLICANT: _____ DATE: _____

PLANNING COMMISSION APPROVAL: _____