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## Materials Compiled for the Task Force to Study the Zoning of Temporary Health Care Structures

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## OTHER STATES' LAWS ON TEMPORARY HEALTHCARE STRUCTURES

By: Rute Pinho, Principal Analyst  
Julia Singer Bansal, Associate Analyst

### Temporary Healthcare Structures (THSs)

THSs are small, self-contained, prefabricated dwellings that are temporarily placed on residential property, allowing individuals living in the principal dwelling to care for the THS occupant. Often, THSs are used to help seniors and people with mental or physical disabilities delay or avoid entering long-term care facilities. THSs are often equipped with technology that monitors vital signs, filters air contaminants, allows communication with offsite caregivers via video and cell phone, sends medication reminders, and alerts caregivers if an occupant falls. Generally, THSs cost significantly less than institutional care and can be acquired new or used and sold once they are no longer needed.

mental or physical impairment). Each law specifies who is eligible to live in a THS and who may serve as a caregiver to a THS occupant, addresses the applicability of local zoning regulations to THS siting, establishes structural requirements and a permitting procedure, and specifies when THSs must be removed from a property. Each state's law is more fully described in Table 1 below.

### ISSUE

Describe laws in other states concerning temporary healthcare structures, including how the laws treat such structures for zoning and tax purposes.

(This report does not address laws that apply generally to small or temporary dwellings such as "tiny homes," recreational vehicles, in-law apartments, or guest cottages. THSs (also referred to as "granny pods" or "MEDcottages") are distinguishable from these structures because they are designed for individuals who need assistance with daily living activities.)

### SUMMARY

We identified four states (Minnesota, North Carolina, Tennessee, and Virginia) with laws establishing uniform requirements for siting THSs. The four laws contain similar provisions requiring, for protection under the law, THSs to provide an environment that facilitates the care of a qualifying occupant (i.e., an individual with a

The primary difference in the laws is that Minnesota and Tennessee make compliance a local option. Minnesota's law allows counties to opt out of the law by passing a resolution. It also exempts counties from complying with the law if they have designated THSs as permitted uses. Tennessee's law allows (but does not require) zoning ordinances to consider THSs as a permitted accessory use.

Additionally, the following are provisions that are unique to one state:

- North Carolina specifies how THSs must be treated for tax purposes;
- Virginia allows more than one person to occupy a THS;
- Minnesota limits to one year the length of time a THS may be located on a property;
- Minnesota requires THS permit applicants to notify adjacent property owners and residents of their intention to locate a THS on the applicant's property; and
- Minnesota lacks a prohibition on signage, located on the structure or on the property on which it sits, advertising or promoting the structure.

**Table 1: Comparison of States' THS Laws**

	<b>Minnesota</b> <a href="#">Minn. Stat. § 394.307</a>	<b>North Carolina</b> <a href="#">N.C. Gen. Stat. § 160A-383.5</a>	<b>Tennessee</b> <a href="#">Tenn. Code § 13-5-501 et seq.</a>	<b>Virginia</b> <a href="#">Va. Code § 15.2-2292.1</a>
<b>Ability to Opt Out</b>	Yes	No	Yes	No
<b>Local Regulation</b>	<p>Unless a county opts out of the law's requirements, qualifying structures cannot be prohibited by a local ordinance that regulates accessory uses or recreational vehicle parking or storage</p> <p>State requirements do not apply if the county has designated these structures as permitted uses</p> <p>Structures must comply with setback requirements and maximum floor area ratio limitations</p>	<p>Qualifying structures must be permitted accessory uses in single family residential zoning districts on lots zoned for single-family detached dwellings</p> <p>Prohibits requiring special use permits for the structures and any other requirements beyond those imposed on authorized accessory structures</p> <p>Structures must comply with setback requirements and maximum floor area ratio limitations</p>	<p>Authorizes local zoning ordinances to consider qualifying structures as permitted accessory uses in single family residential zoning districts on lots zoned for single-family detached dwellings</p> <p>Structures must comply with local requirements concerning this type of accessory dwelling</p> <p>Structures must comply with setback requirements and maximum floor area ratio limitations</p>	<p>Qualifying structures must be permitted accessory uses in single family residential zoning districts on lots zoned for single-family detached dwellings</p> <p>Prohibits requiring special use permits for the structures and any other requirements beyond those imposed on authorized accessory structures</p> <p>Structures must comply with setback requirements and maximum floor area ratio limitations</p>
<b>Qualifying Occupants</b>	<p>A Minnesota resident requiring assistance, as certified by a state-licensed physician, physician assistant, or advanced practice registered nurse, with at least two daily living activities (i.e., meal planning and preparation; basic assistance with paying bills; shopping for food, clothing, and other essential items; performing household tasks integral to the personal care assistance services; communication by telephone and other media; and traveling, including to medical appointments and to participate in the community)</p> <p>Occupancy limited to one individual</p>	<p>A North Carolina resident requiring assistance, as certified by a state-licensed physician, with at least two daily living activities (i.e., bathing, dressing personal hygiene, ambulation or locomotion, transferring, toileting, and eating)</p> <p>Occupancy limited to one individual</p>	<p>Tennessee resident who requires assistance, as certified by a state-licensed physician, with at least two daily living activities</p> <p>Occupant must require extended home-based medical care, rehabilitation, or the provision of home- and community-based support and assistance</p> <p>Occupancy limited to one individual</p>	<p>A Virginia resident requiring assistance, as certified by a state-licensed physician, with at least two daily living activities (i.e., bathing, dressing, toileting, transferring, bowel or bladder control, and eating or feeding)</p> <p>Occupancy limited to one individual, unless the occupants are a married couple, one of whom meets the above requirements; the other must require assistance with at least one daily living activity, as certified by a state-licensed physician</p>

Table 1 (continued)

	<b>Minnesota</b> <a href="#">Minn. Stat. § 394.307</a>	<b>North Carolina</b> <a href="#">N.C. Gen. Stat. § 160A-383.5</a>	<b>Tennessee</b> <a href="#">Tenn. Code § 13-5-501 et seq.</a>	<b>Virginia</b> <a href="#">Va. Code § 15.2-2292.1</a>
<b>Qualifying Caregivers</b>	Adult who is a relative (spouse, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew, or niece, including half, step, and in-law relationships), legal guardian, or health care agent of the qualifying individual for whom he or she is caring	Adult who provides care for a qualifying individual and is a first or second degree relative of the individual (i.e., spouse, lineal ascendant or descendant, sibling, uncle, aunt, nephew, or niece, including half, step, and in-law relationships)  Caregiver must own or occupy the property on which the structure sits, unless the structure sits on the same lot or parcel as the residence of the qualifying occupant's legal guardian	Adult who is related by blood, marriage, or adoption to, or the legally appointed guardian of, the qualifying individual for whom he or she is caring  Caregiver must own or occupy the property on which the structure sits  If structure is located on an unrelated caregiver's property, the caregiver cannot be paid for his or her services	Adult who is related by blood, marriage, or adoption to, or the legally appointed guardian of, the qualifying individual for whom he or she is caring  Caregiver must own or occupy the property on which the structure sits

Table 1 (continued)

	<b>Minnesota</b> <a href="#">Minn. Stat. § 394.307</a>	<b>North Carolina</b> <a href="#">N.C. Gen. Stat. § 160A-383.5</a>	<b>Tennessee</b> <a href="#">Tenn. Code § 13-5-501 et seq.</a>	<b>Virginia</b> <a href="#">Va. Code § 15.2-2292.1</a>
<b>Structural Requirements</b>	<p>Structure must be:</p> <ul style="list-style-type: none"> <li>able to be installed, removed, and transported by a truck, truck tractor, or one-ton pickup truck</li> <li>primarily assembled off-site</li> <li>no more than 300 gross square feet</li> <li>provide access to water and electric utilities either by connecting to the principal dwelling's utilities or by other comparable means</li> <li>universally designed and meet state-recognized accessibility standards</li> <li>built to either (1) Minnesota state building code regulations for prefabricated structures or industrialized/modular buildings, with an Industrialized Buildings Commission seal and data plate evidencing the manufacturer's code compliance, or (2) American National Standards Institute Code Standards</li> <li>located in an area that allows septic services and emergency vehicles to gain access in a safe and timely manner</li> <li>built with (1) exterior materials that are compatible in composition, appearance, and durability to those used in standard residential construction; (2) a minimum insulation rating of R-15; and (3) a backflow check valve to protect potable water supplies</li> </ul> <p>May not be on a permanent foundation</p> <p>Only one allowed per lot or parcel</p> <p>Must comply with all applicable state laws and local ordinances</p>	<p>Structure must be:</p> <ul style="list-style-type: none"> <li>transportable</li> <li>primarily assembled off-site</li> <li>no more than 300 gross square feet</li> <li>in compliance with applicable state building codes, including standards for single-family modular homes</li> </ul> <p>May not be on a permanent foundation</p> <p>May be required to connect to any water, sewer, and electric utilities serving the principal residence and must comply with all applicable state and local laws and requirements, including state building inspections, as if the structure were permanent real property</p> <p>Only one allowed per lot or parcel</p>	<p>Structure must be:</p> <ul style="list-style-type: none"> <li>transportable</li> <li>primarily assembled off-site</li> <li>no more than 500 gross square feet</li> <li>in compliance with applicable state and county building codes and other county codes, including those related to plumbing and gas</li> <li>built to comply with federal Department of Housing and Urban Development and Americans with Disabilities Act accessibility guidelines</li> </ul> <p>May not be on a permanent foundation</p> <p>May be required to connect to any water, sewer, and electric utilities serving the principal residence and must comply with all applicable public health requirements</p> <p>Only one allowed per lot or parcel</p> <p>Must provide a healthcare environment with environmental controls, biometric and other remote monitoring technology, sensors, and communication systems to support extended home-based medical care, rehabilitation, and the provision of home- and community-based support</p>	<p>Structure must be:</p> <ul style="list-style-type: none"> <li>transportable</li> <li>primarily assembled off-site</li> <li>no more than 300 gross square feet</li> <li>in compliance with applicable state building codes</li> </ul> <p>May not be on a permanent foundation</p> <p>May be required to connect to any water, sewer, and electric utilities serving the principal residence and must comply with all applicable public health requirements</p> <p>Only one allowed per lot or parcel</p>

Table 1 (continued)

	<b>Minnesota</b> <a href="#"><u>Minn. Stat. § 394.307</u></a>	<b>North Carolina</b> <a href="#"><u>N.C. Gen. Stat. § 160A-383.5</u></a>	<b>Tennessee</b> <a href="#"><u>Tenn. Code § 13-5-501 et seq.</u></a>	<b>Virginia</b> <a href="#"><u>Va. Code § 15.2-2292.1</u></a>
<b>Local Application and Approval Process</b>	<p>Anyone seeking to install a structure must apply for a permit from the county; county may charge up to \$100 for a permit and up to \$50 for a renewal</p> <p>Before applying for a permit, applicant must notify adjacent property owners and residents</p> <p>No public hearing required</p> <p>Permit is valid for 6 months and may be renewed once for an additional 6 months</p>	<p>Anyone seeking to install a structure must apply for a local permit; city may charge up to \$100 for a permit and up to \$50 annually for a renewal</p> <p>City must grant the permit if the applicant provides sufficient proof of compliance with the law</p>	<p>Anyone seeking to install a structure must apply for a local permit; local government may charge up to \$100 for a permit</p> <p>Local government must grant the permit if the applicant provides sufficient proof of compliance with the law</p>	<p>Anyone seeking to install a structure must apply for a local permit; Local government may charge up to \$100 for a permit</p> <p>Local government must grant the permit if the applicant provides sufficient proof of compliance with the law</p>
<b>Local Oversight</b>	<p>County may require permittees to provide evidence of compliance as long as the structure remains on the property, including allowing inspections of the structure</p>	<p>City may require permittees to provide annual evidence of compliance as long as the structure remains on the property, including annual renewal of the doctor's certification</p> <p>Structure subject to inspections as often as required to ensure compliance</p>	<p>Local government may require permittees to provide annual evidence of compliance as long as the structure remains on the property</p> <p>Structure subject to inspections as often as required to ensure compliance</p>	<p>Local government may require permittees to provide annual evidence of compliance as long as the structure remains on the property</p> <p>Structure subject to inspections as often as required to ensure compliance</p>
<b>Removal Requirements</b>	<p>Structure may be located on property for only one year</p>	<p>Must be removed within 60 days of the date the qualifying occupant stops receiving or needing care, unless structure is needed for another qualifying occupant</p>	<p>Must be removed within 30 days of the date the qualifying occupant stops receiving or needing care</p> <p>After the 30-day period passes, property owner may be fined \$50 per day</p>	<p>Must be removed within 60 days of the date on which it was last occupied by a qualifying occupant</p>
<b>Enforcement Action</b>	<p>County may revoke permit for violations (if revoked, structure must be removed within 60 days)</p>	<p>City may revoke permit for violations and seek injunctive relief or other judicial actions to ensure compliance with this law and the law concerning cisterns and rain barrels</p>	<p>Local government or agent may revoke permit for violations and seek injunctive relief or other judicial actions to ensure compliance</p>	<p>Local government or agent may revoke permit for violations and seek injunctive relief or other judicial actions to ensure compliance</p>

Table 1 (continued)

	<b>Minnesota</b> <a href="#">Minn. Stat. § 394.307</a>	<b>North Carolina</b> <a href="#">N.C. Gen. Stat. § 160A-383.5</a>	<b>Tennessee</b> <a href="#">Tenn. Code § 13-5-501 et seq.</a>	<b>Virginia</b> <a href="#">Va. Code § 15.2-2292.1</a>
<b>Tax Treatment</b>	Not explicitly stated in the statute; according to the League of Minnesota Cities, these structures are treated as personal property	Treated as personal property	Not explicitly stated in the statute; according to the State Board of Equalization, these structures are treated as real property	Not explicitly stated in the statute; according to a county revenue commissioner we contacted, these structures are likely treated as mobile homes, which are assessed like real property and taxed at the same rate as real property  (For legal purposes other than property taxation, mobile homes may be classified as either real or personal property, depending on several factors)

RP/JSB:bs





# OLR RESEARCH REPORT

February 2, 2012

2012-R-0081

## **MODULAR MEDICAL HOMES FOR SENIORS**

By: Nicole Dube, Associate Analyst

You asked for information on modular medical homes for seniors called “MEDcottages.”

### **SUMMARY**

A MEDcottage is a mobile, modular, medical home temporarily placed on a caregiver’s property to enable seniors (or people recovering from illness or injury) to receive rehabilitation and extended care near their family members. Developed in 2010 by N2Care, these single-occupancy units allow seniors to “age in place” and delay or avoid entering long-term care facilities. They essentially create free-standing hospital rooms equipped with the latest technology, including monitoring vital signs, filtering air of contaminants, communicating with offsite caregivers via video and cell phone, sending medication reminders, and alerting caregivers if an occupant falls.

The first MEDcottage prototype was installed in 2010 on the Virginia Polytechnic Institute and State University campus. According to N2Care Chief Operating Officer, Susan Conn, two units are currently being manufactured. A unit costs \$85,000 and can be sold back to the distributor once it is no longer needed. In the future, the company plans to lease units for between \$1,500 to \$2,000 per month.

According to Conn, currently MEDcottages can only be purchased in Virginia, but the company plans to add distributors in eight states along the I-95 corridor in the spring of 2012 and in the New England states by 2013.

Although MEDcottages were designed to comply with local zoning ordinances, their use may be prohibited in some states. (Local zoning ordinances often prohibit the placement of a second dwelling on a single-family property.)

### **MEDCOTTAGES**

Each MEDcottage is 288 square feet (12 ft. by 24 ft.) and has a bedroom, bathroom, and kitchen equipped with a microwave, dishwasher, and washer and

dryer. Electricity and water are directly connected to the homeowner's utilities. Units contain a virtual companion that monitors vital signs, filters the air for contaminants, sends medication reminders, and communicates with offsite caregivers via video and cell phone text messaging. A video system monitors the floor at ankle level so the occupant maintains privacy, but the caregiver is alerted of a fall. A lift is attached to the bedroom ceiling to move the occupant from the bed to the bathroom, allowing caregivers to avoid heavy lifting. There is also knee-level lighting to illuminate the walls and floors, preventing falls. Table 1 lists MEDcottage features.

**Table 1: MEDcottage Features**

<b>Environment</b>	<b>Communication</b>	<b>Pathogen Protection</b>
Room temperature and oxygen control	Web camera and voice communications by computer or cell phone	Positive air pressure system for patient protection
Interior and exterior lighting	Ankle or wrist bracelet movement locators	Negative air pressure system for pathogen containment
Water temperature control	Ankle-level video monitoring to detect falls	Air filtration
Monitoring of water levels in the bathtub and sink	Alert necklace providing interactive monitoring	Protective clothing dispenser
Door latching system	Monitoring of vital signs	Hazardous waste disposal
Smoke and carbon monoxide detection	Medication monitoring and notification	
Lift transporting occupants from the bed to the bathroom	Liquid consumption monitoring	

Source: MEDCottage website, <http://medcottage.com/>.



# OLR RESEARCH REPORT

October 22, 2012

2012-R-0447

## **ECHO HOUSING FOR SENIORS**

By: Nicole Dube, Associate Analyst

You asked for information on Elder Cottage Housing Opportunity (ECHO) housing.

### **SUMMARY**

ECHO units are small, self-contained modular homes that are temporarily placed on a single-family property, allowing seniors to “age in place” and delay or avoid entering long-term care facilities. They are based on an Australian housing model called “granny flats” and vary in size and amenities. Generally, ECHO housing costs significantly less than institutional care, with units ranging between \$20,000 and \$100,000. Units can be bought or leased in new or used condition and can be sold once they are no longer needed.

In 1993, the U.S. Department of Housing and Urban Development (HUD) established an ECHO demonstration program that funded 80 ECHO units for eligible low-income seniors in five participating states (Iowa, Kansas, Missouri, New Jersey, and Tennessee). While the states found the units benefited seniors, they also experienced challenges, such as local zoning compliance and difficulty removing units, which resulted in the program’s termination. But, HUD currently allows all states to use certain federal block grant funds to purchase and install ECHO housing units for eligible low-income seniors.

### **ECHO HOUSING**

According to HUD, ECHO housing was introduced in the United States in the 1980s based on an Australian housing model called “granny flats.” This type of housing can take different forms, but most are small, self-contained modular units placed on the side- or backyard of an existing single-family property and removed when no longer needed. (See OLR Report [2012-R-0081](#) for a description of MEDcottages, a variation of ECHO housing that provides medical care.)

The purpose of ECHO housing is to allow seniors to remain independent while still living on the property of a family member or caregiver who can provide assistance when needed, thus avoiding or delaying the need for institutional care. Typically,

units range from 400 to 800 square feet and include a kitchen, bathroom, bedroom, and living room. The unit is placed on a foundation and connected to the utilities of the main house.

Because units are prefabricated and do not have land costs, they are generally much less expensive than institutional care (units range from \$20,000 to \$100,000). However, removing the units can be very expensive, adding to their overall cost. Some owners have found it difficult to find a service willing to remove the unit without damaging it, particularly in areas where their presence is rare.

***HUD ECHO Demonstration Program***

In 1993, HUD established an ECHO demonstration program that funded 80 ECHO units for eligible low-income seniors in five participating states (Iowa, Kansas, Missouri, New Jersey, and Tennessee). While these states found the units were beneficial to seniors, they also identified several challenges, including lack of standardization across units, local zoning constraints, and difficulty moving units once they were no longer needed. Because of this, the demonstration ended and was not implemented nationwide. But, HUD currently allows all states to use HOME Investment Partnerships Program funds (a federal block grant that helps states create affordable housing for low-income residents) to initially purchase and install ECHO units for eligible low-income seniors age 62 and older ([24 CFR § 92.258](#)).

# ZONING PRACTICE

NOVEMBER 2015



AMERICAN PLANNING ASSOCIATION

➞ ISSUE NUMBER 11

## PRACTICE TINY HOUSES



# Tiny Houses, and the Not-So-Tiny Questions They Raise

By Donald L. Elliott, FAICP, and Peter Sullivan, AICP

Where did they come from—those cute little “cabins-on-wheels” that you see being pulled down the road or sitting on a lot?

With wood siding, a pitched roof, gable windows . . . and even a porch with a railing. All that’s missing is the dog in the yard (presumably a small dog in a small yard).

Tiny houses are the latest vehicle/structures to join the small house movement, and are now trending due to television programs like *Tiny House Nation*. Many individuals and couples seem proud to say they live a small but sophisticated lifestyle in less than 500 square feet. Often their stated motivation is to declutter and live a simpler life—maybe even a life “off the grid.”

Cuteness aside, tiny houses raise some interesting questions for planners. Questions like . . .

“Is this a house, or a trailer, or . . . just what is it?”

“Would this qualify as an accessory dwelling unit?”

“Does this meet the residential building code?”

“Where should we allow this to be parked . . . or occupied . . . and for how long?”

This article attempts to answer some of those questions for the types of small, trailer-mounted units described above. The sections below review how these units fit into the general U.S. system of land-use control through building codes, zoning ordinances, subdivision regulations, and private



“Tiny house, Portland” by Tammy (Weekend with Dee), Wikimedia (CC-BY-2.0)

➡ Most localities have no specific provisions in their subdivision or zoning codes to accommodate small trailer-mounted homes outside of recreational vehicle parks.

restrictive covenants. In addition to addressing individual tiny homes, we also address how small communities of tiny homes might be created.

## WHAT ARE THEY?

What are tiny houses? The answer is simpler than you think. They’re recreational vehicles (RVs), and a careful read of the manufacturers’ websites makes that clear. One manufacturer, Tumbleweed Tiny House Company, states that their product is “an RV like you’ve never seen before.”

For planners, this makes things simpler. The question then becomes, “Where do we allow RVs to be occupied?” Traditionally, the answer has been campgrounds (for temporary living) and RV parks (for longer-term living). Most communities typically limit temporary RV occupancy (in a campground or elsewhere) to 30 days, and the logic behind this is that RVs are not permanent dwellings. They have electric systems and water tanks and sewage tanks (or composting toilets) that can only operate for a while before they need to be hooked up to support systems or emptied.

But this answer doesn’t satisfy everyone, especially tiny-house proponents and anyone else interested in living smaller, more simply, and (presumably) more affordably (more on that later).

**Donald L. Elliott, FAICP, is a director in the Denver office of Clarion Associates, a former chapter president of APA Colorado, and a former chair of the APA Planning and Law Division. As a planner and lawyer he has assisted more than 40 North American cities and counties reform and update their zoning, subdivision, housing, and land-use regulations. He has also consulted in Russia, India, Lebanon, and Indonesia, and served as USAID Democracy and Governance Advisor in Uganda for two years. Elliott is a member of the Denver Planning Board.**

**Peter Sullivan, AICP, is a senior associate in the Chapel Hill, North Carolina, office of Clarion Associates. His specializations include zoning and comprehensive planning. A Pacific Northwest native, his professional background includes policy and environmental planning and development review. Sullivan is a former officer with Toastmasters International and former member of the University of Washington’s Urban Design and Planning Professionals Council. He is currently a correspondent for Planetizen.com and enjoys speaking as academic guest lecturer, webinar host, and conference presenter. Sullivan’s project work has been recognized by the Washington State Governor’s Office, Puget Sound Regional Council, and the Washington Chapter of APA.**





"Tiny House Giant Journey in the Petrified Forest and an RV" by Guillaume Duthil, Wikipedia (CC BY-SA 4.0)

➞ This tiny house is the star of its own YouTube channel, Tiny House Giant Journey.

Here's why tiny houses are so tricky. Although tiny houses are not generally designed for permanent occupancy, some of them are being purchased by people who intend to use them that way. Most zoning ordinances don't resolve this tension, because they don't address where or how tiny houses can be used for long-term or permanent occupancy.

#### BUILDING AND OCCUPANCY CODES

With the exception of some very rural communities, most cities and counties require that long-term or permanent residential units meet either the locally or state-adopted residential building code (usually some version of the International Residential Code), or the U.S. Department of Housing and Urban Development (HUD) national standards for manufactured housing safety. Since manufactured homes are obviously not constructed like stick-built housing—and since (unlike stick-built housing) they can be moved across state lines in interstate commerce—back in 1974 HUD adopted national safety standards for this type of housing. As a general rule, residential units for long-term occupancy need to meet one of these two sets of standards.

Unfortunately for many purchasers, some tiny houses do not meet these requirements. While tiny houses might meet the Recreational Vehicle Industry Association (RVIA) safety standard for highway travel and temporary living, these standards are not the same as the HUD manufactured housing standards for permanent living. In fact, the website for CAVCO (a manufacturer of "park model" recreational vehicles—which are similar to and sometimes in-

clude tiny houses)—states that these vehicles "are not intended for, nor should they be used for, anything other than recreational camping or seasonal use. They are not permanent residences and should not be used as such."

For those intending to live in their tiny house full time, the trick is to find a tiny house that not only meets the RVIA standards but also the residential building code or manufactured housing standards.

For those intending to live in their tiny house full time, the trick is to find a tiny house that not only meets the RVIA standards but also the residential building code or manufactured housing standards. Or to look for a community that has adopted a building code allowing long-term occupancy of tiny houses. Some communities have done this, and in many communities the ability to use a tiny house for long-term occupancy turns on whether it will be mounted on a permanent foundation and connected to utilities.

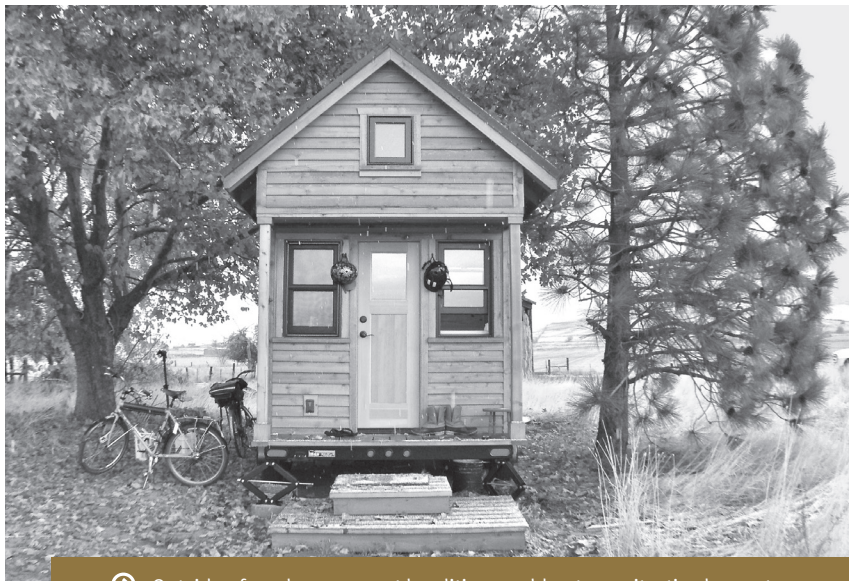
#### FOUNDATIONS MATTER

Let's assume a potential buyer doesn't want to install a tiny house in a campground or RV park, but rather a traditional residential lot. Some communities allow this if the owner removes the wheels (and sometimes the axles); installs the unit on a permanent foundation (or at a minimum uses secure tie-downs); and connects the unit to public water, sewer, and electric systems.

The logic behind these requirements is that they convert a mobile housing unit into a stationary unit, protect against "blowovers" and other wind-related damage (to the occupants and to neighboring property owners), and make the utility systems safe for long-term operation.

As an example, the small community of Spur, Texas, (population 1,245) has marketed itself as the "First Tiny House Friendly City." Spur permits tiny houses to be used as permanent, primary dwellings by creating an exception to the general building code/manufactured home standard compliance requirement. However, even in this deliberately welcoming community, wheels must be removed, a foundation must be constructed, and the unit tied to the foundation with "hurricane straps," and the unit must be hooked up to local sewer, water, and electric systems. In one well-documented case the cost of the foundation and connections came to about \$5,700 (McCann 2015). In some Spur zoning districts, tiny houses are permitted by right, but in others a variance is required.

Again, there are exceptions. A tiny-house owner might be successful living an off-the-grid lifestyle in areas that are literally far from the grid. In some very rural communities, stick-built



"Fall and winter, side by side" by Tammy Strobel, Flickr (CC BY 2.0)

- ➡ Outside of rural areas, most localities would not permit a tiny house to serve as a primary dwelling unit unless it was mounted on a permanent foundation and connected to local utilities.

homes do not need to connect to water and sewer systems (i.e., they permit well and septic systems) or electric systems (i.e., they allow off-the-grid power), and those communities would presumably allow the same exceptions for tiny houses.

#### NOW, ABOUT THOSE ZONING RULES

So, if a buyer doesn't want to live in an RV park, *and* is willing to remove the wheels, install a foundation, and connect to utilities, *and* the local government allows long-term occupancy of tiny houses under those conditions, where can the unit be located? The answer depends on local zoning regulations. Most zoning ordinances do not list tiny houses by name; they simply treat them like other housing uses.

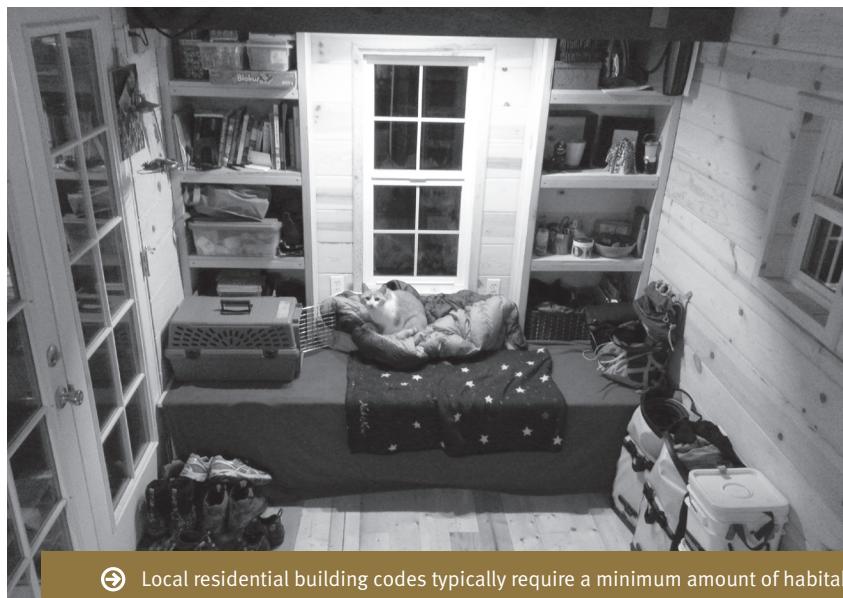
For a tiny house to be used as a primary dwelling unit (i.e., there is no other house or primary use on the property), the question is whether the lot is zoned for single-family homes and whether the tiny house meets any minimum size requirements for houses in that zone. Most zoning codes across the U.S. do not include minimum floor space requirements for single-family homes. But some do, and that can be a barrier to installing tiny houses. Generally this occurs when a residential neighborhood has been developed for—or with—large homes, and some of the lots already have large homes on them. In those circumstances, the local government or neighborhood residents may want to protect against the remaining lots being

occupied by smaller homes that they fear will reduce the neighborhood quality or character. Some communities, for example, have adopted minimum width or length-to-width requirements for single-family homes in an attempt to keep "single-wide" manufactured homes out of neighborhoods where the housing stock is of a different character. Those requirements would likely prohibit the installation of a tiny house, despite their charming appearance.

Whether this is fair to the tiny-house (or manufactured home) buyer, and whether it represents sound land-use policy, are emerging issues for debate. Minimum residential size limits are already in poor repute these days because they tend to drive housing prices up; however, these types of requirements are generally not illegal.

One work-around for the eager tiny-house buyer may be to install a tiny house as an accessory dwelling unit (ADU) (i.e., a second housing unit on a lot that already has a primary housing unit or another primary use of land). While ADUs are a fairly recent development, an increasing number of zoning ordinances now address where and under what conditions an ADU can be installed. Again, since most zoning ordinances do not address tiny houses by name, the question is whether your tiny house meets the requirements applicable to other forms of ADUs. One threshold question is whether the community allows detached ADUs or only allows internal ADUs constructed within the building envelope of an existing home. If the latter is true, a tiny house ADU will not be allowed. If the community allows detached ADUs, they often attach conditions like the following:

- Either the primary housing unit or the ADU must be occupied by the owner of the land.
- The ADU must not exceed a maximum size (generally 400 or 600 or 800 square feet).
- An extra on-site parking space for the ADU occupant may be required.



"Tiny house" by Tomas Quinones, Flickr (CC BY-SA 2.0)

- ➡ Local residential building codes typically require a minimum amount of habitable space per occupant, which may prevent legal habitation of tiny houses by more than one person.



- The ADU may not be allowed to have its entrance door facing the street.
- The part of the lot containing the ADU cannot be carved off and sold as a separate lot.
- If the tiny house can meet these requirements, it may be acceptable as an ADU, even if it would not be approved as a primary home on the same lot. In some cases, however, ordinances that allow detached ADUs limit them to existing structures like carriage houses, garages, or barns, which would prohibit tiny-house ADUs.

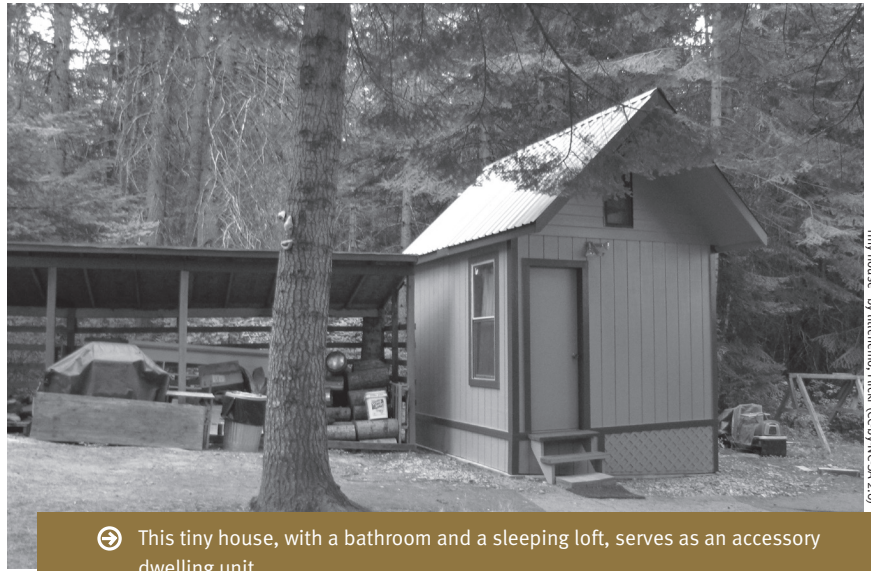
Finally, it is important to realize that most communities apply the same building, foundation, and utility requirements to ADUs that they do to primary structures. So if the question is, “can I park my tiny house in my parents’ backyard and live in it without installing a foundation or hooking up to utilities?” the answer is probably *no*. Long-term occupancy of a recreational vehicle in a residential zone district (say, for more than 30 days) is usually illegal regardless of whether you have the property owner’s consent or you are related to them.

So tiny-house owners need to be thoughtful about where they intend to install the unit, and need to read the zoning ordinance carefully to ensure it is allowed in the area where they want to live. The good news (for planners) is that it is fairly easy to review the existing zoning code and see whether the code permits tiny houses as primary units or ADUs in those locations where the community wants to allow them. Planners might also want to promote more permissive regulations if the community is ready to remove a potential housing barrier.

#### OTHER POTENTIAL BARRIERS

OK. So you have decided that your community wants to allow long-term occupancy of a tiny house, and you have modified the zoning ordinance to clarify where they are allowed. There are still three other potential barriers to think about.

First, unless you want to install the tiny house in a very rural area, the parcel of land where the tiny house will be located generally needs to be a subdivided lot. Subdivision regulations ensure that each parcel of land that will be developed with something other than open space or agriculture has access to a street and has utilities in place (if utilities are required in that location). This could be an issue if the tiny-house owner wants to buy 1,000



This tiny house, with a bathroom and a sleeping loft, serves as an accessory dwelling unit.

**Tiny-house owners need to be thoughtful about where they intend to install the unit, and need to read the zoning ordinance carefully to ensure it is allowed in the area where they want to live.**

square feet of land from a property owner—just enough to accommodate the tiny house and a “livin’ small” lifestyle—but the subdivision regulations require a minimum lot size of 5,000 square feet. Or it could be an issue if the tiny house must be connected to utilities but the land in question does not yet have utilities in place to connect to.

Second, the community should probably advise the tiny-house owner to check that private restrictive covenants attached to the land do not prohibit tiny houses in that area. Again, *tiny house* will probably not be listed by name, but it is not uncommon to find private covenants that contain minimum house size requirements even if the zoning ordinance does not. While it is generally not the city or

county planner’s job to check on the existence of private covenants when issuing a zoning approval or a building/installation permit, and local governments are generally not responsible for enforcing those covenants, advising the tiny-house owner to check on this is just good customer service. In the end, the fact that the city or county issues a permit to install a tiny house with a foundation does not protect the owner against a suit from other property owners pointing out that the tiny house does not meet restrictive covenant minimum-size requirements.

Third, even if neither the zoning ordinance nor private restrictive covenants prohibit the tiny house because of its size, many communities have residential occupancy codes to prevent overcrowding. While occupancy codes vary, it is not uncommon to find a requirement that the unit contain 125 square feet of living area per occupant, or that it not contain more than two occupants per bedroom. That could be a problem if the owner intends to house his or her family of four in a 400-square-foot tiny house, no matter how well they get along. Since occupancy of the unit may change in the future (the owner’s out-of-work cousin may move in), it is hard to ensure against overcrowding when the installation permit is issued, but making the owner aware of these requirements is good customer service.

#### WHAT ABOUT A TINY HOUSE COMMUNITY?

What about a whole group of folks (or a developer) who want to create an entire neighbor-

hood of tiny houses as a source of affordable housing, or just to accommodate a different lifestyle?

That is a bit tougher. While the Internet has many stories of individuals or property owners intending to create tiny house communities, it seems that few if any have been created to date. And some of the existing communities have been created for unique reasons and through “one-off” procedures.

For example, places like Opportunity Village in Eugene, Oregon, or Quixote Village in Olympia, Washington, have been created as alternatives to homeless camps in or near the same location. In both cases, it appears that the local government adopted a contract or resolution approving the use of land for tiny houses without requiring it to comply with some standard utility or construction requirements precisely because it would house very low-income households under better living conditions than the occupants had previously. While inspiring as initiatives to address the challenges of housing affordability and homelessness, both of these examples required individualized negotiations and agreements to vary from normally applicable public health and safety standards—flexibility that might not have been approved for a market-rate housing development.

However, there are at least three different ways in which a tiny-house community for the general public could be created—each modeled on an existing form of land-use approval. The choice of an appropriate tool turns heavily on the question of whether you intend the occupants to be able to sell the house and the piece of land it occupies to someone else in the future.

#### **A Tailored Zoning and Subdivision of Land**

If tiny-house owners are going to be able to sell their lots and homes to others, then the community will need to be subdivided into individual lots, and those lots will need to meet the minimum size and dimension requirements of the zone district where they are located. If you want to allow tiny house community developers to create very small lots (say 1,000 to 2,000 square feet), it is likely that your city or county does not have a residential zone district allowing lots of that size. So the local government will have to create a zone district allowing that type of lot. If the roads within the community are going to be narrower or more lightly constructed than those in stick-built



Andrew Heben

➡ Quixote Village in Olympia, Washington, provides housing for 30 previously homeless adults. Photo from *Tent City Urbanism: From Self-Organized Camps to Tiny House Villages* by Andrew Heben.

subdivisions, then the community will have to adopt subdivision standards (or exceptions to the current standards) allowing those types of construction. In many cases, the local government is only willing to allow “lower-than-normal-standard” infrastructure if the property

home subdivisions, and those types of standards are good places to look for guidance.

#### **A Planned Unit Development**

If the community expects that there will be only one of these communities or it does not want to create a new zone district or subdivision regulations to address tiny houses in general, the tailoring of zoning and subdivision standards described above could be accomplished through a planned unit development (PUD) tailored to a single development and a single developer. While single-project PUDs are relatively easy to adopt, they often reflect a very specific picture of the approved development that is hard to amend over time as conditions change. A PUD for a tiny-house community should be drafted assuming that conditions will change in the future, and to avoid locking in an overly specific development plan. For example, it may not be wise to require a community building of a certain size, or a park or storage area of a specific design in a specific location, because those items may need to be moved or resized in the future.

Similarly, if the home owners association is responsible for roads and utilities, it may be wise to offer some flexibility to relocate or resize those facilities in the future as needs change. The Greater Bemidji Area of Minnesota has thought through these issues and adopted a PUD approach for tiny-home subdivisions (§1101.F).

**A PUD for a tiny-house community should be drafted assuming that conditions will change in the future, and to avoid locking in an overly specific development plan.**

owners agree to own and maintain it over time (i.e., the city or county will not accept it as dedicated infrastructure for public maintenance), so the developer will likely have to create a home owners association to do so. These types of specialized standards have been adopted before, however, for unique forms of housing like manufactured home subdivisions or cottage

### A Condominium or Cohousing Development

If the occupants of tiny houses in the community do not need to have the right to sell individual lots to others in the future, then a tiny house community could be structured as a condominium or cohousing development. Under this model, the land remains unsubdivided. Instead, a development plan is approved allowing many tiny houses, and perhaps support facilities like community buildings or shared parking areas, to occupy a single parcel of land. Instead of owning individual lots, residents own shares in the development as a whole. If structured as a condominium, each resident's share includes the exclusive rights to occupy their individual tiny house and a parking space, and also a proportionate share in the land, community buildings, roads, and infrastructure serving the area. As with a nontraditional subdivision described above, the local government may well require that the roads and utilities be owned and maintained by the condominium association. Under this approach, residents who decide to sell their tiny house in the future are actually selling their package of rights in the development (and the maintenance obligations that go along with them)—they are not selling the land. Again, it is usually wise to avoid overregulating or “zoning to a picture” in ways that may require additional governing body approval for minor changes in the future.

### CONCLUSION

At this point, most city and county zoning and subdivision ordinances are unprepared for tiny houses. Answers to questions about what tiny houses are, where they can be installed, and under what conditions can be found if you search hard enough—but they are not clear or obvious. The good news is that there are several examples of how land-use controls can

be developed or modified to accommodate new and creative forms of housing and land development. RV park, manufactured home park, and subdivision, cohousing, and cottage development standards provide a deep pool of content from which tiny-house regulations can be tailored and developed.

As with most land-use questions, however, the appropriate tools cannot be crafted until some policy questions have been answered. To prepare for the arrival of tiny-house owners and community developers in the future, local governments should be prepared to answer these questions:

- Do we want to allow the installation of tiny houses for long-term occupancy, and if so, in what parts of our community?
- Do we want to accommodate only those tiny houses that meet our current building code or the federal manufactured home standards, or do we want to create exceptions for other tiny houses that can be made safe for long-term occupancy in other ways?
- Do all tiny houses need to be installed on foundations and with connections to our electric, water, and sewer systems, or are there some areas (maybe rural areas) where we would allow them under other circumstances?
- Are there areas of the community where they should be permitted as primary dwelling units?
- Are there areas of the community where they should not be permitted as primary dwelling units, but would be acceptable as accessory dwelling units?
- What changes to our building code, zoning ordinance, and subdivision regulations need to be made to achieve those results?

- With a little forethought, you can be prepared for the day a tiny-house owner shows up with some or all of the questions discussed above—and avoid that “deer-in-the-headlights” look that so annoys the town council.

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Cover: “Tiny house, Portland” by Tammy (Weekend with Dee), Wikimedia (CC-by-2.0); design concept by Lisa Barton.

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Minnesota Statutes AnnotatedCounties, County Officers, Regional Authorities (Ch. 370-403)Chapter 394. Planning, Development, Zoning

## M.S.A. § 394.307

## 394.307. Temporary family health care dwellings

Effective: September 1, 2016

Currentness

&lt;Section effective September 1, 2016.&gt;

**Subdivision 1. Definitions.** (a) For purposes of this section, the following terms have the meanings given.

(b) “Caregiver” means an individual 18 years of age or older who:

(1) provides care for a mentally or physically impaired person; and

(2) is a relative, legal guardian, or health care agent of the mentally or physically impaired person for whom the individual is caring.

(c) “Instrumental activities of daily living” has the meaning given in section 256B.0659, subdivision 1, paragraph (i).

(d) “Mentally or physically impaired person” means a person who is a resident of this state and who requires assistance with two or more instrumental activities of daily living as certified in writing by a physician, a physician assistant, or an advanced practice registered nurse licensed to practice in this state.

(e) “Relative” means a spouse, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew, or niece of the mentally or physically impaired person. Relative includes half, step, and in-law relationships.

(f) “Temporary family health care dwelling” means a mobile residential dwelling providing an environment facilitating a caregiver's provision of care for a mentally or physically impaired person that meets the requirements of subdivision 2.

**Subd. 2. Temporary family health care dwelling.** A temporary family health care dwelling must:

(1) be primarily assembled at a location other than its site of installation;

(2) be no more than 300 gross square feet;



- (3) not be attached to a permanent foundation;
- (4) be universally designed and meet state-recognized accessibility standards;
- (5) provide access to water and electric utilities either by connecting to the utilities that are serving the principal dwelling on the lot or by other comparable means;
- (6) have exterior materials that are compatible in composition, appearance, and durability to the exterior materials used in standard residential construction;
- (7) have a minimum insulation rating of R-15;
- (8) be able to be installed, removed, and transported by a one-ton pickup truck as defined in section 168.002, subdivision 21b, a truck as defined in section 168.002, subdivision 37, or a truck tractor as defined in section 168.002, subdivision 38;
- (9) be built to either Minnesota Rules, chapter 1360 or 1361, and contain an Industrialized Buildings Commission seal and data plate or to American National Standards Institute Code 119.2; and
- (10) be equipped with a backflow check valve.

**Subd. 3. Temporary dwelling permit; application.** (a) Unless the county has designated temporary family health care dwellings as permitted uses, a temporary family health care dwelling is subject to the provisions in this section. A temporary family health care dwelling that meets the requirements of this section cannot be prohibited by a local ordinance that regulates accessory uses or recreational vehicle parking or storage.

(b) The caregiver or relative must apply for a temporary dwelling permit from the county. The permit application must be signed by the primary caregiver, the owner of the property on which the temporary family health care dwelling will be located, and the resident of the property if the property owner does not reside on the property, and include:

- (1) the name, address, and telephone number of the property owner, the resident of the property if different from the owner, and the primary caregiver responsible for the care of the mentally or physically impaired person; and the name of the mentally or physically impaired person who will live in the temporary family health care dwelling;
- (2) proof of the provider network from which the mentally or physically impaired person may receive respite care, primary care, or remote patient monitoring services;
- (3) a written certification that the mentally or physically impaired person requires assistance with two or more instrumental activities of daily living signed by a physician, a physician assistant, or an advanced practice registered nurse licensed to practice in this state;

- (4) an executed contract for septic service management or other proof of adequate septic service management;
  - (5) an affidavit that the applicant has provided notice to adjacent property owners and residents of the application for the temporary dwelling permit; and
  - (6) a general site map to show the location of the temporary family health care dwelling and other structures on the lot.
- (c) The temporary family health care dwelling must be located on property where the caregiver or relative resides. A temporary family health care dwelling must comply with all setback requirements that apply to the primary structure and with any maximum floor area ratio limitations that may apply to the primary structure. The temporary family health care dwelling must be located on the lot so that septic services and emergency vehicles can gain access to the temporary family health care dwelling in a safe and timely manner.
- (d) A temporary family health care dwelling is limited to one occupant who is a mentally or physically impaired person. The person must be identified in the application. Only one temporary family health care dwelling is allowed on a lot.
- (e) Unless otherwise provided, a temporary family health care dwelling installed under this section must comply with all applicable state law and local ordinances.

**Subd. 4. Initial permit term; renewal.** The initial temporary dwelling permit is valid for six months. The applicant may renew the permit once for an additional six months.

**Subd. 5. Inspection.** The county may require that the permit holder provide evidence of compliance with this section as long as the temporary family health care dwelling remains on the property. The county may inspect the temporary family health care dwelling at reasonable times convenient to the caregiver to determine if the temporary family health care dwelling is occupied and meets the requirements of this section.

**Subd. 6. Revocation of permit.** The county may revoke the temporary dwelling permit if the permit holder violates any requirement of this section. If the county revokes a permit, the permit holder has 60 days from the date of revocation to remove the temporary family health care dwelling.

**Subd. 7. Fee.** Unless otherwise specified by an action of the county board, the county may charge a fee of up to \$100 for the initial permit and up to \$50 for a renewal of the permit.

**Subd. 8. No public hearing required; application of section 15.99.** (a) Due to the time-sensitive nature of issuing a temporary dwelling permit for a temporary family health care dwelling, the county does not have to hold a public hearing on the application.

(b) The procedures governing the time limit for deciding an application for the temporary dwelling permit under this section are governed by section 15.99, except as provided in this section. The county has 15 days to issue a permit requested under this section or to deny it, except that if the county board holds regular meetings only once per calendar

month the county has 30 days to issue a permit requested under this section or to deny it. If the county receives a written request that does not contain all required information, the applicable 15-day or 30-day limit starts over only if the county sends written notice within five business days of receipt of the request telling the requester what information is missing. The county cannot extend the period of time to decide.

**Subd. 9. Opt-out.** A county may by resolution opt-out of the requirements of this section.

#### Credits

Laws 2016, c. 111, § 2, eff. Sept. 1, 2016.

M. S. A. § 394.307, MN ST § 394.307

Current with legislation through the end of the 2016 Regular Session. The statutes are subject to change as determined by the Minnesota Revisor of Statutes. (These changes will be incorporated later this year.)

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Proposed Legislation

West's North Carolina General Statutes AnnotatedChapter 160A. Cities and TownsArticle 19. Planning and Regulation of Development (Refs & Annos)Part 3. Zoning

## N.C.G.S.A. § 160A-383.5

## § 160A-383.5. Zoning of temporary health care structures

Effective: October 1, 2014

Currentness

(a) The following definitions apply in this section:

- (1) Activities of daily living.--Bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating.
- (2) Caregiver.--An individual 18 years of age or older who (i) provides care for a mentally or physically impaired person and (ii) is a first or second degree relative of the mentally or physically impaired person for whom the individual is caring.
- (3) First or second degree relative.--A spouse, lineal ascendant, lineal descendant, sibling, uncle, aunt, nephew, or niece and includes half, step, and in-law relationships.
- (4) Mentally or physically impaired person.--A person who is a resident of this State and who requires assistance with two or more activities of daily living as certified in writing by a physician licensed to practice in this State.
- (5) Temporary family health care structure.--A transportable residential structure, providing an environment facilitating a caregiver's provision of care for a mentally or physically impaired person, that (i) is primarily assembled at a location other than its site of installation, (ii) is limited to one occupant who shall be the mentally or physically impaired person, (iii) has no more than 300 gross square feet, and (iv) complies with applicable provisions of the State Building Code and G.S. 143-139.1(b). Placing the temporary family health care structure on a permanent foundation shall not be required or permitted.

(b) A city shall consider a temporary family health care structure used by a caregiver in providing care for a mentally or physically impaired person on property owned or occupied by the caregiver as the caregiver's residence as a permitted accessory use in any single-family residential zoning district on lots zoned for single-family detached dwellings.

(c) A city shall consider a temporary family health care structure used by an individual who is the named legal guardian of the mentally or physically impaired person a permitted accessory use in any single-family residential zoning district on lots zoned for single-family detached dwellings in accordance with this section if the temporary family health care



structure is placed on the property of the residence of the individual and is used to provide care for the mentally or physically impaired person.

(d) Only one temporary family health care structure shall be allowed on a lot or parcel of land. The temporary family health care structures under subsections (b) and (c) of this section shall not require a special use permit or be subjected to any other local zoning requirements beyond those imposed upon other authorized accessory use structures, except as otherwise provided in this section. Such temporary family health care structures shall comply with all setback requirements that apply to the primary structure and with any maximum floor area ratio limitations that may apply to the primary structure.

(e) Any person proposing to install a temporary family health care structure shall first obtain a permit from the city. The city may charge a fee of up to one hundred dollars (\$100.00) for the initial permit and an annual renewal fee of up to fifty dollars (\$50.00). The city may not withhold a permit if the applicant provides sufficient proof of compliance with this section. The city may require that the applicant provide evidence of compliance with this section on an annual basis as long as the temporary family health care structure remains on the property. The evidence may involve the inspection by the city of the temporary family health care structure at reasonable times convenient to the caregiver, not limited to any annual compliance confirmation, and annual renewal of the doctor's certification.

(f) Notwithstanding subsection (i) of this section, any temporary family health care structure installed under this section may be required to connect to any water, sewer, and electric utilities serving the property and shall comply with all applicable State law, local ordinances, and other requirements, including Part 5 of this Article, as if the temporary family health care structure were permanent real property.

(g) No signage advertising or otherwise promoting the existence of the temporary health care structure shall be permitted either on the exterior of the temporary family health care structure or elsewhere on the property.

(h) Any temporary family health care structure installed pursuant to this section shall be removed within 60 days in which the mentally or physically impaired person is no longer receiving or is no longer in need of the assistance provided for in this section. If the temporary family health care structure is needed for another mentally or physically impaired person, the temporary family health care structure may continue to be used, or may be reinstated on the property within 60 days of its removal, as applicable.

(i) The city may revoke the permit granted pursuant to subsection (e) of this section if the permit holder violates any provision of this section or G.S. 160A-202. The city may seek injunctive relief or other appropriate actions or proceedings to ensure compliance with this section or G.S. 160A-202.

(j) Temporary family health care structures shall be treated as tangible personal property for purposes of taxation.

#### **Credits**

Added by S.L. 2014-94, § 2, eff. Oct. 1, 2014.

N.C.G.S.A. § 160A-383.5, NC ST § 160A-383.5

The statutes and Constitution are current through Chapters 93, 95 to 101 of the 2016 Regular Session of the General Assembly, pending changes received from the Revisor of Statutes.

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West's Tennessee Code AnnotatedTitle 13. Public Planning and HousingChapter 7. Zoning (Refs & Annos)Part 5. Temporary Family Healthcare Structures

## T. C. A. § 13-7-501

## § 13-7-501. Definitions

Effective: July 1, 2016

Currentness

For purposes of this part:

- (1) “Caregiver” means an adult who provides care for a mentally or physically impaired person within this state, and who is related by blood, marriage, or adoption to, or shall be the legally appointed guardian of, the mentally or physically impaired person for whom the adult is caring;
- (2) “Mentally or physically impaired person” means a person who is a resident of this state and who requires assistance with two (2) or more activities of daily living, as certified in a writing provided by a physician licensed under title 63, chapter 6 or 9; and
- (3) “Temporary family healthcare structure” means a transportable healthcare environment that is specifically designed with environmental controls, biometric and other remote monitoring technology, sensors, and communication systems to support extended home-based medical care, rehabilitation, and the provision of home- and community-based support and assistance for an older adult or person with a disability on the property where family members or unpaid caregivers who participate in the person's care reside. A temporary family healthcare structure:
- (A) Is primarily assembled at a location other than its site of installation;
  - (B) Is limited to one (1) occupant who shall be the older adult or person with a disability who requires extended home-based medical care, rehabilitation, or the provision of home and community-based support and assistance;
  - (C) Meets the accessibility guidelines of the federal department of housing and urban development and the Americans with Disabilities Act (42 U.S.C. § 12131 et seq.);
  - (D) Has no more than five hundred gross square feet (500 gross sq. ft.); and
  - (E) Complies with applicable provisions of title 68, chapter 120, part 1, and codes adopted by a county pursuant to title 5. Placing the temporary family healthcare structure on a permanent foundation shall not be required or permitted.

**Credits**

2016 Pub.Acts, c. 992, § 1, eff. July 1, 2016.

T. C. A. § 13-7-501, TN ST § 13-7-501

Current through end of the 2016 Second Regular and Second Extraordinary Sessions of the 109th Tennessee General Assembly. Pursuant to §§ 1-1-110, 1-1-111, and 1-2-114, the Tennessee Code Commission certifies the final, official version of the Tennessee Code and, until then, may make editorial changes to the statutes. References to the updates made by the most recent legislative session should be to the Public Chapter and not to the T.C.A. until final revisions have been made to the text, numbering, and hierarchical headings on Westlaw to conform to the official text.

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West's Tennessee Code AnnotatedTitle 13. Public Planning and HousingChapter 7. Zoning (Refs & Annos)Part 5. Temporary Family Healthcare Structures

## T. C. A. § 13-7-502

## § 13-7-502. Zoning ordinances; Permit

Effective: July 1, 2016

Currentness

(a)(1) For all purposes under this chapter, zoning ordinances may consider as a permitted accessory use in any single-family residential zoning district on lots zoned for single-family detached dwellings, any temporary family healthcare structures that are:

(A) For use by a caregiver in providing care for a mentally or physically impaired person; and

(B) On property owned or occupied by the caregiver as their residence.

(2) Temporary family healthcare structures shall comply with any local requirements for accessory dwelling structures of this type. Temporary family healthcare structures shall comply with all setback requirements that apply to the primary structure and with any maximum floor area ratio limitations that may apply to the primary structure. Only one (1) temporary family healthcare structure shall be allowed on a lot or parcel of land.

(b) Any person proposing to install a temporary family healthcare structure shall first obtain a permit from the local governing body, for which the local government may charge a fee of up to one hundred dollars (\$100). The local government may not withhold such permit if the applicant provides sufficient proof of compliance with this section. The local government may require that the applicant provide evidence of compliance with this section on an annual basis as long as the temporary family healthcare structure remains on the property. This evidence may involve the inspection by the locality of the temporary family healthcare structure at reasonable times convenient to the caregiver, not limited to any annual compliance confirmation.

**Credits**

2016 Pub.Acts, c. 992, § 1, eff. July 1, 2016.

T. C. A. § 13-7-502, TN ST § 13-7-502

Current through end of the 2016 Second Regular and Second Extraordinary Sessions of the 109th Tennessee General Assembly. Pursuant to §§ 1-1-110, 1-1-111, and 1-2-114, the Tennessee Code Commission certifies the final, official version of the Tennessee Code and, until then, may make editorial changes to the statutes. References to the updates made by the most recent legislative session should be to the Public Chapter and not to the T.C.A. until final revisions have been made to the text, numbering, and hierarchical headings on Westlaw to conform to the official text.

West's Tennessee Code Annotated

Title 13. Public Planning and Housing

Chapter 7. Zoning (Refs & Annos)

Part 5. Temporary Family Healthcare Structures

T. C. A. § 13-7-503

§ 13-7-503. Compliance

Effective: July 1, 2016

Currentness

Any temporary family healthcare structure installed pursuant to this part shall comply with any local codes and ordinances 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 department of health.

**Credits**

2016 Pub.Acts, c. 992, § 1, eff. July 1, 2016.

T. C. A. § 13-7-503, TN ST § 13-7-503

Current through end of the 2016 Second Regular and Second Extraordinary Sessions of the 109th Tennessee General Assembly. Pursuant to §§ 1-1-110, 1-1-111, and 1-2-114, the Tennessee Code Commission certifies the final, official version of the Tennessee Code and, until then, may make editorial changes to the statutes. References to the updates made by the most recent legislative session should be to the Public Chapter and not to the T.C.A. until final revisions have been made to the text, numbering, and hierarchical headings on Westlaw to conform to the official text.

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West's Tennessee Code Annotated

Title 13. Public Planning and Housing

Chapter 7. Zoning (Refs & Annos)

Part 5. Temporary Family Healthcare Structures

T. C. A. § 13-7-504

§ 13-7-504. Advertisement or promotion of temporary family healthcare structure

Effective: July 1, 2016

Currentness

No signage advertising or otherwise promoting the existence of the structure shall be permitted either on the exterior of the temporary family healthcare structure or elsewhere on the property.

**Credits**

2016 Pub.Acts, c. 992, § 1, eff. July 1, 2016.

T. C. A. § 13-7-504, TN ST § 13-7-504

Current through end of the 2016 Second Regular and Second Extraordinary Sessions of the 109th Tennessee General Assembly. Pursuant to §§ 1-1-110, 1-1-111, and 1-2-114, the Tennessee Code Commission certifies the final, official version of the Tennessee Code and, until then, may make editorial changes to the statutes. References to the updates made by the most recent legislative session should be to the Public Chapter and not to the T.C.A. until final revisions have been made to the text, numbering, and hierarchical headings on Westlaw to conform to the official text.

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West's Tennessee Code AnnotatedTitle 13. Public Planning and HousingChapter 7. Zoning (Refs & Annos)Part 5. Temporary Family Healthcare Structures

## T. C. A. § 13-7-505

## § 13-7-505. Removal of temporary family healthcare structure

Effective: July 1, 2016

Currentness

(a) Any temporary family healthcare structure installed pursuant to this section shall be removed by the property owner within thirty (30) days from which the mentally or physically impaired person is no longer receiving or is no longer in need of the assistance provided for in this section. The local government may fine the property owner up to fifty dollars (\$50.00) per day for a violation of this section, with each day constituting a separate offense.

(b) The local governing body, or planning commission on its behalf, may revoke the permit granted pursuant to § 13-7-502(b) if the permit holder violates this section. Additionally, the local governing body may seek injunctive relief or other appropriate actions or proceedings in the circuit court of that locality to ensure compliance with this section. The local codes department or building inspector is vested with all necessary authority on behalf of the governing body of the locality to ensure compliance with this section.

**Credits**

2016 Pub.Acts, c. 992, § 1, eff. July 1, 2016.

## T. C. A. § 13-7-505, TN ST § 13-7-505

Current through end of the 2016 Second Regular and Second Extraordinary Sessions of the 109th Tennessee General Assembly. Pursuant to §§ 1-1-110, 1-1-111, and 1-2-114, the Tennessee Code Commission certifies the final, official version of the Tennessee Code and, until then, may make editorial changes to the statutes. References to the updates made by the most recent legislative session should be to the Public Chapter and not to the T.C.A. until final revisions have been made to the text, numbering, and hierarchical headings on Westlaw to conform to the official text.

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West's Annotated Code of VirginiaTitle 15.2. Counties, Cities and Towns (Refs & Annos)Subtitle II. Powers of Local GovernmentChapter 22. Planning, Subdivision of Land and Zoning (Refs & Annos)Article 7. Zoning (Refs & Annos)

## VA Code Ann. § 15.2-2292.1

## § 15.2-2292.1. Zoning provisions for temporary family health care structures

Effective: July 1, 2013

Currentness

A. Zoning ordinances for all purposes shall consider temporary family health care structures (i) for use by a caregiver in providing care for a mentally or physically impaired person and (ii) on property owned or occupied by the caregiver as his residence as a permitted accessory use in any single-family residential zoning district on lots zoned for single-family detached dwellings. Such structures shall not require a special use permit or be subjected to any other local requirements beyond those imposed upon other authorized accessory structures, except as otherwise provided in this section. Such structures shall comply with all setback requirements that apply to the primary structure and with any maximum floor area ratio limitations that may apply to the primary structure. Only one family health care structure shall be allowed on a lot or parcel of land.

B. For purposes of this section:

“Caregiver” means an adult who provides care for a mentally or physically impaired person within the Commonwealth. A caregiver shall be either related by blood, marriage, or adoption to or the legally appointed guardian of the mentally or physically impaired person for whom he is caring.

“Mentally or physically impaired person” means a person who is a resident of Virginia and who requires assistance with two or more activities of daily living, as defined in § 63.2-2200, as certified in a writing provided by a physician licensed by the Commonwealth.

“Temporary family health care structure” means a transportable residential structure, providing an environment facilitating a caregiver's provision of care for a mentally or physically impaired person, that (i) is primarily assembled at a location other than its site of installation; (ii) is limited to one occupant who shall be the mentally or physically impaired person or, in the case of a married couple, two occupants, one of whom is a mentally or physically impaired person, and the other requires assistance with one or more activities of daily living as defined in § 63.2-2200, as certified in writing by a physician licensed in the Commonwealth; (iii) has no more than 300 gross square feet; and (iv) complies with applicable provisions of the Industrialized Building Safety Law (§ 36-70 et seq.) and the Uniform Statewide Building Code (§ 36-97 et seq.). Placing the temporary family health care structure on a permanent foundation shall not be required or permitted.

C. Any person proposing to install a temporary family health care structure shall first obtain a permit from the local governing body, for which the locality may charge a fee of up to \$100. The locality may not withhold such permit if the applicant provides sufficient proof of compliance with this section. The locality may require that the applicant provide evidence of compliance with this section on an annual basis as long as the temporary family health care structure remains on the property. Such evidence may involve the inspection by the locality of the temporary family health care structure at reasonable times convenient to the caregiver, not limited to any annual compliance confirmation.

D. Any temporary family health care structure installed pursuant to this section may 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.

E. No signage advertising or otherwise promoting the existence of the structure shall be permitted either on the exterior of the temporary family health care structure or elsewhere on the property.

F. Any temporary family health care structure installed pursuant to this section shall be removed within 60 days of the date on which the temporary family health care structure was last occupied by a mentally or physically impaired person receiving services or in need of the assistance provided for in this section.

G. The local governing body, or the zoning administrator on its behalf, may revoke the permit granted pursuant to subsection C if the permit holder violates any provision of this section. Additionally, the local governing body may seek injunctive relief or other appropriate actions or proceedings in the circuit court of that locality to ensure compliance with this section. The zoning administrator is vested with all necessary authority on behalf of the governing body of the locality to ensure compliance with this section.

#### **Credits**

Acts 2010, c. 296. Amended by Acts 2013, c. 178.

VA Code Ann. § 15.2-2292.1, VA ST § 15.2-2292.1

Current through End of the 2016 Reg. Sess.

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**ZO-13-442**

**ADOPTION OF AN AMENDMENT TO CHAPTER 112  
(ZONING) OF THE 1976 CODE OF THE COUNTY OF FAIRFAX, VIRGINIA**

At a regular meeting of the Board of Supervisors of Fairfax County, Virginia, held in the Board Auditorium, Lobby Level, Government Center Building, 12000 Government Center Parkway, Fairfax, Virginia, on Tuesday, September 24, 2013, the Board after having first given notice of its intention so to do, in the manner prescribed by law, adopted an amendment to Chapter 112 (Zoning) of the 1976 Code of the County of Fairfax, Virginia, said amendment so adopted being in the words and figures following, to-wit:

**BE IT ORDAINED BY THE BOARD OF SUPERVISORS OF FAIRFAX  
COUNTY, VIRGINIA:**

Amend Chapter 112 (Zoning Ordinance), as follows:

**Amend Article 20, Ordinance Structure, Interpretations and Definitions, Part 3, Definitions, by adding the following definition in its proper alphabetical sequence.**

TEMPORARY FAMILY HEALTH CARE STRUCTURE: A transportable residential structure that is permitted by Sect. 15.2-2292.1 of the *Code of Virginia*, is primarily assembled at a location other than its site of installation, is accessory to a single family detached dwelling, and provides an environment that facilitates a caregiver's provision of care for a mentally or physically impaired person.

**Amend Article 10, Accessory Uses, Accessory Service Uses, and Home Occupations, Part 1, Accessory Uses and Structures, as follows:**

- **Amend Sect. 10-102, Permitted Accessory Uses, by adding a new Par. 27 to read as follows and renumbering the subsequent paragraphs accordingly.**
27. Temporary family health care structures shall be permitted on lots zoned for and developed with single family detached dwellings, subject to the approval of the Zoning Administrator by issuance of a permit and compliance with the following provisions:
- A. Occupancy of a temporary family health care structure shall be limited to one (1) mentally or physically impaired person, who is a Virginia resident and requires assistance with two (2) or more daily living activities as defined in Sect. 63.2-2200 of the *Code of Virginia*, or, in the case of a married couple, two (2) occupants, one (1) of whom is mentally or physically impaired and the other requires assistance with one (1) or more daily living activities.
  - B. The property on which the temporary family health care structure will be located shall be owned or occupied by an adult caregiver who provides care for a mentally or physically impaired person and the property shall be used as the caregiver's primary residence. The adult caregiver shall be related by blood, marriage, or adoption to or the legally appointed guardian of the physically or mentally impaired person(s) occupying the temporary family health care structure.
  - C. Only one (1) temporary family health care structure shall be permitted on a lot.
  - D. Temporary family health care structures shall be limited to a maximum of 300 square feet of gross floor area and shall meet the minimum yard requirements for single family detached dwellings of the zoning district in which located. When located in a P district, the temporary family health care structure shall be subject to any proffered yards and/or yards depicted on an approved development plan. If there are no proffered yards or yards depicted on an approved development

plan in a P district, the temporary family health care structure shall be deemed an alteration to a single family dwelling unit and subject to Par. 6 of 16-403.

- E. Temporary family health care structures shall not be installed on a permanent foundation.
- F. Temporary family health care structures shall be subject to the Industrialized Building Safety Law and the Virginia Uniform Statewide Building Code.
- G. Temporary family health care structures may be required to connect to any water, sewer, and electric utilities that are serving the principal residence on the property, and shall comply with all applicable Health Department requirements.
- H. No signs promoting or advertising the structure shall be permitted on the structure or on the lot.
- I. The following shall be submitted to the Zoning Administrator with any application for a temporary family health care structure:
  - (1) The name and contact information of the proposed caregiver, and the relationship of the caregiver to the physically or mentally impaired proposed occupant.
  - (2) Address of the property.
  - (3) Written certification of physical or mental impairment of the proposed occupant, including verification that the person requires assistance with two or more activities of daily living as defined in Sect. 63.2-2200 of the *Code of Virginia*, by a physician licensed in the Commonwealth of Virginia.
  - (4) Written certification by a physician licensed in the Commonwealth of Virginia that the spouse of the mentally or physically impaired person also requires assistance with one or more activities of daily living as defined in Sect. 63.2-2200 of the *Code of Virginia*.
  - (5) Three copies of a plat drawn to a designated scale of not less than one inch equals fifty feet (1" = 50'), which may be prepared by the applicant, and shall contain the following information:
    - (a) The dimensions of the lot, the boundary lines thereof, and the area of land contained therein;

(b) The dimensions, height and distance to all lot lines of any existing structure on the lot and of the proposed temporary family health care structure; and

(c) The signature and certification number, if applicable, of the person preparing the plat.

(6) A filing fee of \$100 made payable to the County of Fairfax.

J. The caregiver shall make provisions to allow inspections of the property by County personnel during reasonable hours upon prior notice.

K. Evidence of compliance with these provisions shall be provided to the Zoning Administrator on an annual basis.

L. Temporary family health care structures shall be removed from the property within sixty (60) days from the date on which the structure was last occupied by a mentally or physically impaired person receiving services or in need of the assistance provided for by the caregiver.

M. A permit for a temporary health care structure may be revoked by the Zoning Administrator due to failure of the applicant to comply with any of the above provisions.

- **Amend Sect. 10-104, Location Regulations, by revising Par. 8 to read as follows:**

8. Wayside stands shall be located in accordance with the provisions of Par. 30 of Sect. 102 above.

**Amend Article 18, Administration, Amendments, Violations and Penalties, Part 1, Administration, Sect. 18-106, Application and Zoning Compliance Letter Fees, by adding a new Par. 11 to read as follows:**

All appeals and applications as provided for in this Ordinance and requests for zoning compliance letters shall be accompanied by a filing fee in the amount to be determined by the following paragraphs unless otherwise waived by the Board for good cause shown; except that no fee shall be required where the applicant is the County of Fairfax or any agency, authority, commission or other body specifically created by the County, State or Federal Government. All fees shall be made payable to the County of Fairfax. Receipts therefore shall be issued in duplicate, one (1) copy of which receipt shall be maintained on file with the Department of Planning and Zoning.

11. Temporary Family Health Care Structure: \$100

**This amendment shall become effective on September 25, 2013 at 12:01 a.m.**

**GIVEN under my hand this 24<sup>th</sup> day of September, 2013.**

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**CATHERINE A. CHIANESE**  
**Clerk to the Board of Supervisors**

# Roanoke County, VA County Zoning Ordinance

## Sec. 30-88-2. - Accessory Uses: Residential Use Types.

### (A) Residential use types may include the following accessory uses, activities or structures on the same site or lot:

1. Private garages and parking for the principal use.
2. Recreational activities and uses used by residents, including structures necessary for such uses.
3. Playhouses, gazebos, incidental household storage buildings, swimming pools, and other similar accessory structures.
4. Garage or yard sales provided that such sales occur no more than two (2) days in a two-month period.
5. Other uses and activities necessarily and customarily associated with purpose and function of residential use types, as determined by the administrator.
6. Construction office or trailer associated with active construction on a site. A construction office or trailer shall be removed from an active construction site within 30 days of issuance of the final certificate of occupancy for the project.
7. Sales trailer associated with active construction on a site. A sales trailer shall be removed from an active site within thirty (30) days of issuance of the final certificate of occupancy for the permanent sales office for the project.
8. Micro wind energy systems that project no more than fifteen (15) feet above the highest point on the structure and complies with the height requirement of the zoning district.
9. Temporary family health care structures in accordance with section 15.2-2292.1 of the Code of Virginia, as amended.
10. Residential chicken keeping including coops and chicken enclosures provided that:
  - (a) Coops and chicken enclosures shall be setback at least ten (10) feet from side and rear property lines and at least thirty-five (35) feet from any residential dwelling on an adjacent lot. Coops and chicken enclosures shall also be located behind the front building line of the principal structure.
  - (b) Coops shall provide at least two (2) square feet of interior space per chicken and chicken enclosures shall provide at least ten (10) square feet of exterior space per chicken with a maximum total area of two hundred fifty (250) square feet for both the coop and chicken enclosure. Neither the coop nor chicken enclosure shall exceed ten (10) feet in height.
  - (c) A zoning permit has been obtained by the owner of the chickens.
11. Temporary portable storage containers provide that they meet the following standards:
  - (a) Temporary portable storage containers shall only be permitted on lots with a principal building or structure.
  - (b) Temporary portable storage containers shall not be used in conjunction with a type I or type II home occupation or used as a principal use or principal building or structure.
  - (c) All temporary portable storage containers shall display the container provider's contact information. Signs shall not contain any other advertising for any other product or services.
  - (d) Temporary portable storage containers shall not be inhabited.
  - (e) Temporary portable storage containers should be located on a property in accordance with section 30-100-8, and shall not obstruct vehicular or pedestrian traffic, or be located within



## Roanoke County, VA County Zoning Ordinance

any required landscaped area. Placement on Virginia Department of Transportation (VDOT) right-of-way property shall require written approval from VDOT.

- (f) Due to the temporary nature of temporary portable storage containers, location in a driveway or yard may be acceptable.
- (g) Temporary portable storage containers cannot be located in the floodway or floodplain overlay district without meeting the standards in section 30-74, as amended.
- (h) Temporary portable storage containers shall be permitted on a lot for a period not to exceed thirty (30) consecutive days within a six-month period. For extensive construction projects a written extension may be granted by the zoning administrator.
- (i) Maximum cumulative size of temporary portable storage containers on a property shall not exceed one hundred thirty (130) square feet.
- (j) There is a limit of one (1) portable temporary storage container per lot.
- (k) A zoning permit shall be required to be obtained prior to the placement of a temporary portable storage container by the department of community development with sufficient information, as determined by the zoning administrator, to determine compliance with all applicable regulations such as:
  - i. Size of container;
  - ii. Location;
  - iii. Delivery date;
  - iv. Removal date;
  - v. Purpose of container;
  - vi. Container provider contact information.

(Ord. No. 42694-12, § 21, 4-26-94; Ord. No. 042208-16, § 1, 4-22-08; Ord. No. [030811-1](#), § 1, 3-8-11; Ord. No. [052411-9](#), § 1, 5-24-11; Ord. No. [082812-7](#), § 1, 8-28-12; Ord. No. [111213-15](#), § 1, 11-12-13; Ord. No. [092215-9](#), § 1, 9-22-15)

Temporary Family Health Care Structures (TFHCS) Zoning Permit Checklist

Building Permit #: _____ Date: _____ Fee: \$100.00 _____ Paid		
This checklist is to be completed and specified information attached for each zoning permit package submitted for review. Temporary Family Health Care Structures (TFHCS) are regulated per Section 30-88 of the Roanoke County Zoning Ordinance and Section § 15.2-2292.1. of the Virginia State Code. <i>Please provide attached document pages to verify requirements.</i>		
Tax Map #: _____ Zoning District: _____  _____ Primary Structure Setbacks: Plot Plan attached.  Front: _____ Side: _____ Side: _____ Rear: _____		
_____ Only one <b>TFHCS</b> shall be allowed on a lot or parcel of land.		
_____ Compliance with Virginia Department of Health standards. Documentation attached.		
_____ Utility Hook Up Documentation: <i>Documentation attached.</i> Serving the primary residence on the property.		
_____ Water	_____ Sewer	_____ Electric utilities
_____ Property ownership/Caregiver Occupied: <i>Documentation from licensed physician attached.</i> For use by a caregiver in providing care for a mentally or physically impaired person as a permitted accessory use in any single-family residential zoning district on lots zoned for single-family detached dwellings.  _____ Obtain Building/Zoning Permit – Documentation attached.		
_____ Signage: <i>No signage advertising or otherwise promoting the existence of the TFHCS shall be permitted</i> either on the exterior of the temporary family health care structure or elsewhere on the property.		
_____ Annual Review and Inspection: Date Due: _____ Documentation Received: _____ Roanoke County will require that the applicant provide evidence of compliance with this section on an annual basis as long as the temporary family health care structure remains on the property. Such evidence may involve the inspection by the locality of the temporary family health care structure at reasonable times convenient to the caregiver, not limited to any annual compliance confirmation.		
_____ TFHCS Removal: Any TFHCS installed pursuant to this section shall be removed within 30 days in which the mentally or physically impaired person is no longer receiving or is no longer in need of the assistance provided for in this section. It shall be the responsibility of the property owner to notify the Zoning Administrator in writing when use is discontinued.		
<i>The local governing body, or the zoning administrator on its behalf, may revoke the permit granted if the permit holder violates any provision of this checklist. Additionally, the local governing body may seek injunctive relief or other appropriate actions or proceedings in the circuit court of that locality to ensure compliance with the standards of § 15.2-2292.1. of the Virginia State Code. The zoning administrator is vested with all necessary authority on behalf of the governing body of the locality to ensure compliance with this section.</i>		
Owner or Agent Signature: _____ Date: _____		

Deep River  
Proposed Zoning Regulation Amendment

**DRAFT May 2016**

**4.10.107A Medi-pods (Granny Pod)** - Temporary health care structures for persons 55 and over or special needs adults in accordance with Section 7B

**7B.32 Medi-pods.**

7B.32.1 Units are temporary, self-contained, pre-fabricated health care pods no larger than 400 SF.

7B.32.2 Units must be able to connect to the primary residences existing water and sewer supply.

7B.32.3 Occupancy is restricted to persons related to the property owner who are 55 years of age or older and/or adults with special needs.

7B.32.4 Commission approved Site Plans are valid for 5 years and can be extended up to another 5 years by the Commission. Further extensions require Commission approval.

*Note: This draft is accurate as of November 22, 2016. According to Cathie Jefferson, Deep River's zoning enforcement officer, Deep River's Planning and Zoning Commission will adopt this regulation at its December 2016 meeting. She is not aware of any other Connecticut towns that have proposed or adopted this type of regulation.*



General Assembly

February Session, 2016

***Raised Bill No. 88***

LCO No. 911



Referred to Committee on PLANNING AND DEVELOPMENT

Introduced by:  
(PD)

***AN ACT CONCERNING TEMPORARY HEALTH CARE STRUCTURES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2016*) (a) For the purposes of  
2 this section:

3 (1) "Caregiver" means a person who is responsible for the care of a  
4 mentally or physically impaired person.

5 (2) "Mentally or physically impaired person" means a person who  
6 requires assistance with two or more activities of daily living,  
7 including, but not limited to, bathing, dressing, grooming, eating, meal  
8 preparation, shopping, housekeeping, transfers, bowel and bladder  
9 care, laundry, communication, self-administration of medication and  
10 ambulation, as certified in writing by a physician licensed in this state.

11 (3) "Temporary health care structure" means a transportable  
12 residential structure that provides an environment in which a  
13 caregiver may provide care for a mentally or physically impaired  
14 person, that is primarily assembled at a location other than its site of

15 installation, is limited to one occupant who is the mentally or  
16 physically impaired person, is not larger than three hundred gross  
17 square feet and complies with the applicable provisions of the State  
18 Building Code and Fire Safety Code.

19 (b) Zoning regulations adopted pursuant to section 8-2 of the  
20 general statutes or any special act shall not prohibit a temporary health  
21 care structure for use by a caregiver in providing care for a mentally or  
22 physically impaired person on property owned or occupied by the  
23 caregiver as his or her primary residence.

24 (c) Any person who wishes to install a temporary health care  
25 structure shall first obtain a permit from the municipality in which the  
26 temporary health care structure will be installed, for which the  
27 municipality may charge a fee not to exceed one hundred dollars and  
28 an annual permit renewal fee not to exceed fifty dollars. The  
29 municipality may not withhold such permit if the applicant provides  
30 sufficient proof of compliance with this section. The municipality may  
31 require that the applicant provide written evidence of compliance with  
32 this section on an annual basis as long as the temporary health care  
33 structure remains on the property. Such evidence may be obtained  
34 through an inspection by the municipality of the temporary health care  
35 structure at reasonable times convenient to the caregiver.

36 (d) A temporary health care structure installed pursuant to this  
37 section may be required to connect to water, sewer and electric utilities  
38 that serve the primary residence.

39 (e) A temporary health care structure may not be placed on a  
40 permanent foundation.

41 (f) Not more than one temporary health care structure shall be  
42 installed on a single parcel of land.

43 (g) No signage advertising or otherwise promoting the existence of  
44 the temporary health care structure shall be permitted either on the

45 exterior of the structure or elsewhere on the property.

46 (h) The municipality may revoke a permit issued pursuant to  
47 subsection (c) of this section if the permit holder violates any provision  
48 of this section.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>October 1, 2016</i>	New section
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***Statement of Purpose:***

To permit residents of this state to install temporary health care structures on their property.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*