Introduction

Anyone can be placed in the position of being responsible for the care of a disabled family member. Frequently, the only feasible solution is to place a mobile home on the property, as an additional residence, so that care can be provided. The County of Sacramento recognizes this need and wants to assist, as much as practical, those persons requesting a permit for a medical hardship mobile home. Hence, this booklet has been prepared to summarize the major, pertinent regulations and ordinances.

Planning and Community Development Department

A mobile home for medical hardship use can be placed on any parcel zoned AR-10 or larger, provided:

- The parcel meets the lot size standards for that zone, and
- A doctor’s letter attesting to the medical hardship is provided
- Table 1 presents the lot size standards for zones AR-10 and larger.

Parcels zoned for less than AR-10 land use (or a larger parcel that does not meet the lot size standard for its zoning) requires a conditional use permit. The request for the conditional use permit is heard by the Zoning Administrator. Check with planning for current fees. One should allow two or three months after applying for the use permit until it is considered.

Fire Protection Districts

Fire Protection Districts must issue a release before a permit can be issued for a mobile home for medical hardship. This is because they are concerned about the following.

- Fire Flow
- LPG Tanks
- Access for Fire Vehicles
- Private Driveways
- Signs and House Numbers
An approved water supply capable of supplying the required fire flow for fire protection shall be provided to all premises upon which facilities, buildings, or portions of buildings are hereafter constructed or moved into or within the jurisdiction. When any portion of the facility or building protected is in excess of 150 feet from a water supply on a public street, as measured by an approved route around the exterior of the facility or building, on-site fire hydrants and water mains capable of supplying the required fire flow shall be provided when required by the chief. An exception to this requirement is available for mobile homes, manufactured housing, or modular homes provided with an automatic fire sprinkler system approved by the adopted NFPA Standard in areas not provided with a public water supply.

The design of the fire sprinklers must be submitted to your local fire district and approved prior to Building Inspection performing the frame inspection.

It is strongly recommended that applicants have the designs of their fire sprinkler system and house plumbing coordinated with their pump and well contractor to ensure sufficient water capacity for all needs.

Approval from the local fire district is required prior to installation when LPG is used as the fuel supply for heating, cooking, etc. when the tank is in excess of 125 gallon capacity. Setbacks from the property line or buildings are the controlling factor. For an above ground container, the minimum separation between the LPG container and buildings, public ways, of lines of adjoining property that can be build up is:

<table>
<thead>
<tr>
<th>Container Capacity (Water Gallons)</th>
<th>Separation (feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 125</td>
<td>5</td>
</tr>
<tr>
<td>125-250</td>
<td>10</td>
</tr>
<tr>
<td>251-500</td>
<td>10</td>
</tr>
<tr>
<td>501-2,000</td>
<td>25</td>
</tr>
</tbody>
</table>

Consult your local fire district for exceptions and clarification of the above table. Your local fire district may provide a letter confirming the location of your proposed LPG tank.

If the new mobile home is at the end of or along a private access road with several existing houses and the existing road does not meet the above requirements, the road must be upgraded to provide adequate access. It is recommended that you review your proposed plans with the Planning Department and the appropriate local fire district before making any financial commitment.

A private driveway runs from the public or private road to the dwelling or mobile home. Private driveway construction requirements are the same as those for private roads serving two or fewer dwellings. As a minimum, it must extend to the garage. When the furthest point of the new mobile home is more than 150 feet from the road or driveway, your local fire protection district must also approve the driveway before the permit can be issued.

To help the fire department find your home in an emergency and avoid delays in response, all roads and the dwellings or mobile homes served by them shall be designated by name and/or number of sign. These signs must be clearly visible from the main traveled roadway. Every dwelling needs an approved marker located with respect to the nearest public highway, street, or road servicing it. This marker must be clearly visible at all times to an approaching vehicle for a distance of not less than 100 feet. Normally, the approved marker shall be a metal sign on a metal post or other acceptable noncombustible support. As a minimum, it may be a metal sign on a 4" by 4" pressure treated wood post.

Temporary road signs are acceptable during construction, although the permanent sign will have to be installed prior to final inspection.

Address numbers need to be installed on the dwelling. The numbers should be in such a position as to be plainly visible and legible from the private road serving the dwelling or mobile home. The numbers also need to be externally or internally illuminated and must contrast with their background. If the address number cannot be seen from the private road, an additional address sign has to be posted at the entrance of the private driveway from the private road.

For further information on fire protection district requirements contact your local fire department.

**Environmental Management**

Environmental Management is responsible for permit issuance and inspection of septic systems and private wells that serve residences. Frequently, a homeowner with a residence in a rural area has a need to install a mobile home for medical hardship. If the existing residence is served by a septic system (i.e., a public sewer is not available), then Environmental Management must determine if the existing septic system is adequate to also handle the sewage load from the mobile home. In most cases, it is not; and a new septic system must be installed. When a
new or additional septic system is necessary, Environmental Management must approve its design and its location on the property. Environmental Management is also concerned about the location of wells providing domestic water.

As a general guideline the following table shows the influence of the number of bedrooms on necessary minimum septic tank size.

<table>
<thead>
<tr>
<th>Number of Bedrooms</th>
<th>Minimum Septic Tank Size (gallons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1,000</td>
</tr>
<tr>
<td>4</td>
<td>1,200</td>
</tr>
<tr>
<td>5 or 6</td>
<td>1,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distance From (feet)</th>
<th>Structures</th>
<th>Property Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Tank</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Disposal Field</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

It can be seen from the above numbers that an existing residence with three bedrooms needs at least a 1,000-gallon septic tank. If the owner of such a residence needs to install a mobile home for medical hardship, the existing septic system does not have the capacity for the added sewage load. A new, separate system would have to be provided for the mobile home.

For reference purposes, the following water supply well data is provided.

<table>
<thead>
<tr>
<th>Water Supply Well</th>
<th>Distance from (Feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Sewer Line</td>
<td>50</td>
</tr>
<tr>
<td>Septic Tank</td>
<td>100</td>
</tr>
<tr>
<td>Disposal Field</td>
<td>100</td>
</tr>
</tbody>
</table>

Call Environmental Management at 875-8484 for more information on their requirements.

### Building Inspection

The information that Building Inspection needs in order to review and approve the application for a medical hardship mobile home is listed below:

- Plot Plan.
- Footprint of the actual mobile home to be installed.
- Marriage line support detail. (RADCO or equivalent)
- Drawings of the type of support system, with engineering as needed.
- Tie-down installation instructions.
- Wind load calculations.
- Construction details for any decks, awnings, etc. to be built at this time.
- Applicable forms for recording and releasing the doctor’s Medical Hardship Letter and Conditional Use Permit when applicable.
- The fire protection district release letter.
- School Fee Letter.

Two copies of all plans, calculations, etc. are required.

At the time of installation of the mobile home, the installer of the tie-downs will have to provide written certification to the inspector. This certification shall state that the system is properly installed and that the tie-downs have not damaged any underground utilities.

#### 1. Plot Plan

A list of the items that should be shown on the plot plan is given below:

- Street name(s).
- Street address.
- Drawing scale.
- North arrow.
• Location of mechanical equipment.
• Driveway and sidewalk.
• Drainage flow arrows.
• Label existing buildings and structures on the parcel and their current use.
• Dimensions from existing buildings and structures to property lines.
• Dimensions from mobile home and structures to existing buildings.
• Dimensions from proposed mobile home and structures to property lines.
• Dimensions of existing buildings and structures.
• Dimensions of proposed mobile home and structures.
• Dimensions of property lines.
• Roof eave outlines (dashed line).

Provide two copies. Sizes 11” x 17” or larger.

It is necessary for the Planning and Community Development Department to review and approve your plot plan. Their stamp should include the actual minimum setbacks for the mobile home. In rural areas, road improvements may be required.

2. Footprint and Related Support Information.

Drawings must show the actual size of the mobile home being set, including the location and weight requirements of marriage line supports. Show the spacing between supports. (RADCO or equivalent in legible form.) Provide detail on the type of support being used, including type and size of pad. All pier support systems not considered permanent, except concrete block sets, require connection details between the support, the girder, and the pad. Provide information and installation instructions on the type of system to be used at the site.

3. Tie-down Systems and Wind Load.

A tie-down system must be installed on a home initially installed (or reinstalled) on a lot anywhere in California. Tie-downs must be listed by a testing agency and used in sufficient numbers on each side of the home to resist wind loads of 15 pounds per square foot of sidewall (or the manufacturer's listed design load of the home, whichever is greater). The design load is provided on the date plate permanently attached to the home.

An engineered tie-down system may be used when designed to meet the referenced load criteria. Full specifications of the engineered system must be included with the permit application.

4. Recording and Release Forms.

Frequently, a medical hardship mobile home will remain on-site after the medical hardship condition is no longer present. When ownership of the property is transferred, the new owner of the property and the mobile home is informed that the mobile home has to be removed. The intent of the following policy is to inform potential purchasers in this situation that the mobile home is only temporary.

Policy

1. The conditional use permit or medical hardship letter that allows the temporary installation of a mobile home shall be recorded by the Sacramento County Recorder's office upon final inspection of the mobile home installation.
2. The forms necessary for recording the temporary installation and for release are shown as figures 1, 2, 3, 4, and 5. Figure 1 is used when a conditional use permit is necessary and has been approved for installation of the mobile home. Figure 2 is used for release when the mobile home is removed. Figure 3 is the doctor's Medical Hardship letter. Figure 4 is used for recording the doctor's Medical Hardship letter, and Figure 5 is used for release of Figure 4 upon removal of the mobile home.
3. The applicable forms to record the conditional use permit or medical hardship letter will be provided to the applicant when he or she makes application for a permit. After the forms are completed, the applicant shall have them notarized and returned with the application.
4. When the mobile home installation has final inspection approval and the inspector's file has been returned to the Inspections office staff for processing, the documents will then be forwarded to the Recorder's office without any recording fees due.
5. The owner may retain the release form for completion and recording, at his expense, when the mobile home is removed.
Table 1

Lot Size Standards

<table>
<thead>
<tr>
<th>Land Use Zone</th>
<th>Minimum Gross Area (acres)</th>
<th>Minimum Gross Area per Accessory Dwelling Unit (acres)</th>
<th>Minimum Lot Width (feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR-10</td>
<td>10</td>
<td>5</td>
<td>300</td>
</tr>
<tr>
<td>IR</td>
<td>20</td>
<td>5</td>
<td>250</td>
</tr>
<tr>
<td>UR</td>
<td>20</td>
<td>5</td>
<td>500</td>
</tr>
<tr>
<td>AG-20</td>
<td>20</td>
<td>5</td>
<td>500</td>
</tr>
<tr>
<td>AG-40</td>
<td>40</td>
<td>5</td>
<td>500</td>
</tr>
<tr>
<td>AG-80</td>
<td>80</td>
<td>5</td>
<td>1,000</td>
</tr>
<tr>
<td>AG-160</td>
<td>160</td>
<td>5</td>
<td>1,000</td>
</tr>
</tbody>
</table>
Figure 1

RECORDING REQUESTED BY:
AND WHEN RECORDED, MAIL TO:

NAME [ ]
STREET
ADDRESS
CITY
STATE, ZIP [ ]

______________SPACE ABOVE THIS LINE FOR RECORDER’S USE____________

FREE RECORDING REQUESTED PER

GOVERNMENT CODE 6103 FOR THE
BENEFIT OF SACRAMENTO COUNTY

COVENANT AND AGREEMENT

_________________________ and ____________________________ being the owner(s) of the following described
real property, hereby agree to be bound by the terms and conditions of the attached conditional use permit issued by
Sacramento County (attached hereto as Exhibit A).

Legal Description:

Parcel No.:

Commonly known as: ________________________________________________
(address)

Dated: ______________________________

___________________
Owner’s Signature

___________________
Owner’s Signature

State of ______________________)

County of ______________________)

On this _____ day of ____________, in the year ________, before me, ________________________ personally
known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon
behalf of which the person(s) acted executed the instrument.

WITNESS my hand and official seal.
Signature_____________________

Notary
SATISFACTION AND RELEASE

OF COVENANT AND AGREEMENT

THE COUNTY OF SACRAMENTO, a political subdivision of the State of California, upon satisfactory evidence of compliance to the terms and conditions contained in that certain Use Permit issued through the Planning and Community Development Department, hereby releases and discharges that certain COVENANT AND AGREEMENT:

Dated: __________________________________________________________________
Owner: _________________________________________________________________
Recorded: _______________________________________________________________
Book/Page: ______________________________________________________________
Legal Description: ________________________________________________________
Parcel No.: ______________________________________________________________
Commonly known as: _______________________________________________________

Dated       COUNTY OF SACRAMENTO, a Political subdivision of The State of California

by _________________________________
Building Official or Deputy
or
by________________________________
Zoning Administrator or Deputy

State of California
County of Sacramento

On this ______ day of ____________, 20____, before me, the undersigned, a Notary Public in and for said County and State, personally appeared _______________ and __________________ known to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities and that, by their signature, the entity upon behalf of the persons acted executed the same.

Seal

______________________ Notary
DECLARATION OF SUPPORT OF MEDICAL HARDSHIP MOBILE HOME PERMIT

I, __________________________, M.D., declare as follows:

1. I am a medical practitioner duly licensed to practice medicine in California
2. ______________________, age ____, is a patient under my care and has been under my care since ________________________________.
3. Said patient is suffering from the following physical or mental disabilities:
   ____________________________________________________________________________________
4. The disability of said patient requires immediate supervisions and care by a close relative for the following reasons (check as many as applicable):
   _____ Patient is unable to self-administer prescribed medical treatment.
   _____ Patient is unable to perform basic domestic chores (prepare food, maintain sanitary living conditions, etc.)
   _____ Patient is unable to attend to own personal needs (dress himself, bathe, maintain personal hygiene) without direct assistance.
   _____ Other. Please specify: ____________________________________________________________________________________________
5. The amount and type of care required by said patient as a result of the above disabilities is as follows. Please indicate frequency of care provided (e.g., several times a day, daily, every few days, etc.).
   ____________________________________________________________________________________
6. In my opinion, said patient’s condition will require supervision and care to continue for the following time period: ________________________________.

I declare under penalty of perjury that I have read and understand the instructions printed on the reverse of this form and that the foregoing responses are true and correct. Executed at ____________, California, on ____________.

________________________
Signature of Physician

________________________
Address

________________________
Telephone
RECORDING REQUESTED BY:  
AND WHEN RECORDED, MAIL TO:  
NAME [ ]  
STREET  
ADDRESS  
CITY  
STATE, ZIP [ ]  
______________SPACE ABOVE THIS LINE FOR RECORDER’S USE____________

FREE RECORDING REQUESTED PER  
GOVERNMENT CODE 6103 FOR THE  
BENEFIT OF SACRAMENTO COUNTY

COVENANT AND AGREEMENT

And being the owner(s) of the following described real property, hereby agree to be bound by the terms and conditions of the attached Declaration of Medical Hardship issued by Sacramento County (attached hereto as Exhibit A).

Legal Description:

Parcel No.:  
Commonly known as: ________________________________ (Address)

Dated: ________________________________

Owner’s Signature

Owner’s Signature

State of __________________________

County of __________________________

On this _____ day of __________, in the year ________, before me, __________________________, personally appeared __________________________, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) acted executed the instrument.

WITNESS my hand and official seal.
Signature __________________________

Notary
Satisfaction and Release

OF COVENANT AND AGREEMENT

THE COUNTY OF SACRAMENTO, a political subdivision of the State of California, upon satisfactory evidence of compliance to the terms and conditions contained in that certain Declaration of Medical Hardship issued through the Planning and Community Development Department, hereby releases and discharges that certain COVENANT AND AGREEMENT:

Dated: __________________________________________________________________
Owner: _________________________________________________________________
Recorded: _______________________________________________________________
Book/Page: ______________________________________________________________
Legal Description: ________________________________________________________
Parcel No.: ______________________________________________________________
Commonly known as: ______________________________________________________

Dated  COUNTY OF SACRAMENTO, a
       Political subdivision of
       The State of California

By _________________________________
Building Official or Deputy
Or
by _________________________________
Zoning Administrator or Deputy

State of California
County of Sacramento

On this ______ day of ____________, 20____, before me, the undersigned, a Notary Public in and for said County and State, personally appeared ________________ and ________________ known to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities and that, by their signature, the entity upon behalf of the persons acted executed the same.

Seal

Notary