Hillsborough County Florida

SOLID WASTE ASSESSMENT ACCESSORY DWELLING DISABILITY EXEMPTION APPLICATION

Property Tax ID/ Folio #			
Owner/Applicant Name		**Disabled Relative Name**	
Address		**Phone #:**	
Describe Additional Dwelling's Use:			

The primary dwelling must be homesteaded by the applicant. The accessory dwelling must be occupied by a natural or adoptive parent, grandparent, great grandparent, child, stepchild, grandchild or sibling of one of the parcel owners. Such occupant must be eighteen (18) years of age or older and must obtain from a physician a certificate stating that such occupant has a disability requiring assistance with daily living activities. The accessory dwelling must be separate from the single-family residence and not greater than 900 square feet unless a variance is approved.

PHYSICIAN CERTIFICATION:

I certify that Mr. /Mrs. /Ms. (please print)_____ has a disability requiring assistance with daily living activities. The foregoing statement is true, correct, and complete to the best of my knowledge and my professional belief.

_____ _____
Physician's Signature Date

_____ _____
Print Physician's Name License #

DISABLED EXEMPTION CERTIFICATION:

All applications for the current Tax Year, must be received by July 31st.

I_____ hereby attest that I reside at the accessory dwelling above and have a disability requiring assistance with daily living activities.

Signature _____ Date _____

No person shall make any willfully false statement in the application for an exemption of the solid waste non-ad valorem collection and disposal assessments. If the owner of the accessory dwelling unit for which an exemption is granted is found to have made any willfully false statement in the application for the exemption, the exemption shall be revoked, and the owner may be subject to prosecution in the same manner as a misdemeanor pursuant to Florida Law.

This signed physician-and-exemption certification may be emailed to: SW-Assessments@hcfl.gov

Or mailed by US Post to:

Hillsborough County Solid Waste Management
Attention: Assessments
PO Box 89637
Tampa, Florida 33689

Solid Waste Staff Review Date / Initials: _____/_____

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), Hillsborough County will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. Persons with disabilities who need accommodation for this document should email Hillsborough County ADA Officer or call (813) 276-8401; TTY: 7-1-1.