



PLANNING AND DEVELOPMENT DEPARTMENT

TEMPORARY EMERGENCY HOUSING

Summary of Standards

Standards for temporary emergency housing in the City of Clearwater established in City of Clearwater Community Development Code Section 3-2103.N.1., Pinellas County Code Chapter 34, Article II, Division 2, and Florida Statute 166.0335.

The following information is intended to guide you through the permitting process to place a temporary emergency housing unit on a property where a home has been damaged and deemed uninhabitable due to a natural disaster.

For the purposes of this checklist, the City of Clearwater will use FEMA’s definition of 'habitable':

FEMA defines a habitable home as one that is safe, sanitary, functional and presents no disaster-caused hazards to the occupants. Under this definition, a house may have hurricane damage but still be occupied while repairs are underway.

City of Clearwater Community Development Code Section 3-2103.N.1 permits emergency housing for a maximum of 36 months from the date of declaration of emergency or until the issuance of a certificate of occupancy or certificate of completion for the permanent residential structure, whichever occurs sooner.

Single-Family or Two-Family Residential Parcels:

A temporary emergency housing unit may be permitted on a parcel designated on the City’s Zoning Atlas for use as a detached dwelling or an attached dwelling (duplex only). Allowable structures include RVs, trailers, or similar units, which will be evaluated on a case-by-case basis, and units must be connected to properly functioning utilities. Only the resident of the permanent residential structure is permitted to live in the temporary housing unit. The unit cannot be used for contractors or other individuals.

Please contact the City of Clearwater Planning & Development Department at 727-562-4567 if you have any questions as to whether your property meets this definition or need assistance completing the required application.



PLANNING AND DEVELOPMENT DEPARTMENT

TEMPORARY EMERGENCY HOUSING

Application Information & Checklist

REQUIRED DOCUMENTS & PLANS

The following information is required for any request to place temporary housing on a property in the City of Clearwater. Applications and supporting materials may be submitted in person or online by a licensed contractor. Property Owner(s) may only submit in person (hard copy) pursuant to regulations for “owner/builder” applications.

Note: If submitting online (contractor only) you will need to follow submission guidelines for the epermit portal.

- Completed Building Permit Application. Use “Temporary Emergency Housing” in Job Name
- Temporary Emergency Housing Affidavit completed and notarized.
- Written authorization from adjacent property owner if unit will extend onto their property.
- Documentation citing reasonable evidence of house being uninhabitable.
- Conceptual Plan showing proposed Temporary Emergency Housing Unit location, approximate measurements for unit and setbacks from parcel boundaries, and location for vehicle parking.
- Utility Plans for Water, Sewer, and Electrical connections.

APPROVAL PROCESS

1. Staff will review the permit application and other documentation to confirm application is complete and information submitted is correct. The Planning & Development Department will notify the applicant (licensed contractor or homeowner) with any questions or items requiring more information or modification, and upon approval.
2. Once the permit is approved, any necessary utility work may proceed by a licensed contractor.
Inspections are required for the completed work. A Plumbing and Electrical final is required to complete the permit. Inspections can be scheduled by phone (727-562-4580) or through the epermit portal. Inspections can also be scheduled by texting “SCHEDULE” to 888-691-4479.

For more information and details about the Temporary
Emergency Housing application, please visit
myclearwater.com/rebuild.



City of Clearwater
 Planning & Development
 100 S. Myrtle Avenue, Suite 210
 Clearwater, FL 33756
 Phone: (727) 562-4567

www.myclearwater.com

Building Permit Application

PROJECT LOCATION

PROJECT/JOB NAME _____
 PROJECT ADDRESS _____ ZIP _____
 BUSINESS NAME _____ PHONE _____
 EMAIL _____
 PARCEL NUMBER _____ / _____ / _____ / _____ / _____ / _____

PROJECT DESCRIPTION: _____

- | | | | |
|--|---|--|---|
| NATURE OF WORK (CHECK ALL THAT APPLY) | <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> PLUMBING |
| | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> GAS | <input type="checkbox"/> FIRE |
| | <input type="checkbox"/> ROOFING | <input type="checkbox"/> ENGINEERING | <input type="checkbox"/> LAND RESOURCES |
| | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> UTILITIES | <input type="checkbox"/> PLN/ZON |
| | <input type="checkbox"/> TRAFFIC OPERATIONS | <input type="checkbox"/> CLEARING & GRUBBING | <input type="checkbox"/> OTHER |

OFFICE ONLY

TYPE OF WORK: NEW ADDITION REMODEL REPAIR DEMOLITION OTHER _____

VALUATION: \$ _____ THIS MUST BE FILLED IN (PLEASE PRINT CLEARLY)
(LABOR & MATERIALS INCLUDING ANY CUSTOMER SUPPLIED PRODUCT)

PROPERTY OWNER (MUST HAVE PHONE NUMBER)

PROPERTY OWNER NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ *EMAIL _____

CONTRACTOR (PLEASE PRINT CLEARLY)

NAME OF COMPANY _____
 LIC HOLDER _____ PHONE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 STATE LICENSE # _____ PCCLB # _____
 CONTRACTOR EMAIL _____

OFFICE ONLY

****INITIALS:** _____ It is the responsibility of the contractor/owner-builder to check with any applicable neighborhood associations or deed restrictions that may pertain to the proposed work.

PLEASE ENTER PROPERTY ADDRESS HERE: _____

**ARCHITECT/
ENGINEER** NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ *EMAIL _____

**GENERAL
PROPERTY
INFORMATION**

EXISTING BUILDING USE _____ PROPOSED BUILDING USE _____
NUMBER OF STORIES _____ BUILDING HEIGHT _____ NUMBER OF UNITS _____
SQUARE FOOTAGE: LIVING _____ COMMERCIAL _____
GARAGE/CARPORT _____ OTHER _____ TOTAL _____

Anyone planning to do excavation work, must notify the one-call "CALL SUNSHINE" Notification Center at 1-800-432-4770 prior to any excavation work being done, in order to prevent underground damage. Federal D.O.P.T. Regulation Part 192, Sections 192.614 and 192.707.

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

CERTIFICATION:

I HAVE COMPLIED WITH ALL THE FEDERAL STATE AND LOCAL ASBESTOS REGULATIONS CONCERNING NOTIFICATION OF THE PROPER AUTHORITIES OF THE PROPOSED DEMOLITION AND RENOVATION PROJECTS.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.
IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

I am aware of Florida and Federal Accessibility Codes, and I certify that I have met the requirements of both.

I certify that, this application together with any plans submitted is accurate and represents all work being done at this time. All work will be done in compliance with all applicable laws regulating construction and zoning and if not I realize I am responsible for the removals of any construction in violation of these laws or regulations. Any deviation from information submitted, unless approved by the Building Official will render this permit null and void.

IS THIS APPLICATION THE RESULT OF A STOP WORK ORDER OR NOTICE OF VIOLATION? YES _____ NO _____

Signature of License Holder OR Authorized Personnel

Please Print Name Here / Title in Firm or Homeowner

****This needs to be signed at pick up time only****

To be signed by authorized agent.

Signature: _____ Print name: _____

Date: _____



City of Clearwater

Clearwater Planning & Development, Post Office Box 4748, Clearwater, Florida 33758-4748
100 South Myrtle Avenue, Clearwater, Florida 33756
Telephone (727) 562-4567 Fax (727) 562-4865

Affidavit for Temporary Emergency Housing

I, the **undersigned owner of the subject property** attest that I am applying for a temporary emergency housing unit as outlined in the City of Clearwater Community Development Code Section 3-2103.N.1., Pinellas County Code Chapter 34, Article II, Division 2, and Florida Statute 166.0335.

I affirm that I understand the following:

1. A temporary emergency housing unit includes, but is not limited to, a recreational vehicle, trailer, or similar structure placed on a residential property.
2. Temporary housing may only be approved for a detached dwelling or attached dwelling (two-family or duplex) has been damaged from a disaster and declared uninhabitable by the City of Clearwater. An uninhabitable structure is one that is unsafe, unsanitary, non-functional, and may present disaster-caused hazards to occupants.
3. The temporary emergency housing unit must be occupied by the owner of the permanent residential structure and the owner must be making good faith efforts to repair/reconstruct the damaged permanent residential structure on the property.
4. The temporary emergency housing unit may remain in the approved location for up to 36 months or until a certificate of occupancy or certificate of completion is issued by the city, whichever comes first.
5. The temporary emergency housing unit is required to be hooked up to properly functioning utilities. A building permit is required and may be applied for online by a state or locally licensed contractor or in person by an owner-builder for the following:
 - a) Proper connection of adequate, functional electrical service; and
 - b) Proper connection to a functioning water service and sanitary sewer system or septic system.
6. The building permit will require an inspection of the utility hook ups to close out the permit, which is required to be completed within two weeks of issuance of the permit.

Affidavit for Temporary Emergency Housing

Property Address

Printed Owner's Name

Owner's Signature

Date

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me by means * physical presence or * online notarization this ____ day of _____, 202__ by _____, as _____ of _____. who * is personally known to me or * has produced _____ as identification.

(Notary Seal)

Notary Public
Print Name: _____