



REASONABLE ACCOMMODATION APPLICATION

Pursuant to Part 19 of Section 22.56, reasonable accommodation means a waiver or modification to regulations, policies, procedures, and standards that is both reasonable and necessary for an individual with a disability to have an equal opportunity to use and enjoy a residential use.

An "individual with a disability" means individuals with a mental or physical disability as those terms are defined in the California Government Code section 12926 (i),(k), and (l), or individuals with a handicap as that term is defined in 42 U.S.C. section 3602 of the federal Fair Housing Amendments Act of 1988.

Applications must be submitted in person. Appointments are required to submit three or more applications. Please call (213) 974-6438 for an appointment. Incomplete applications will not be accepted.

FOR STAFF USE ONLY

Permit No.: _____
 Project No.: _____
 Zone: _____ Plan Category: _____
 CSD/TOD: _____
 Sup. Dist.: _____ Zone Dist.: _____
 RFS: _____ CHW: Y / N
 Previous/Pending cases: _____

1. Location where accommodation is requested

Assessor's Parcel Number:

Property Address:

Legal Description:

2. Record owner of property

Applicant/Agent

Name (print):

Name (print):

Address:

Address:

City:

Zip:

City:

Zip:

Phone:

Phone:

E-mail:

E-mail:

3. Describe the specific need the disability creates and the requested accommodation. Describe current and proposed structures. Separate applications may be required based on the request.

4. The requested accommodation must be intended for use by an individual with a disability who resides or will reside on the property.

Submit the *Verification of Disability* form (or equivalent) which must be completed by a healthcare or rehabilitation professional. If available, also submit a copy of a government-issued ID verifying the disability. You may need to submit additional necessary information upon request.

5. Explain why the requested accommodation is necessary to afford the individual with a disability equal opportunity to use and enjoy the residential use.

6. Explain why the requested accommodation will not create an undue financial or administrative burden on the County.

7. Explain why the requested accommodation will not require a fundamental alteration in the nature of the land use and zoning programs of the County.

8. Mailing list

I hereby grant Regional Planning authorization to provide the certified mailing list as required in Section 22.56.3030.B.8.

Signature: _____ Date: _____

9. Certification

I, _____ (print name), affirm under penalty of perjury under the laws of the State of California that the information provided in this application is true and accurate.

Signature: _____ Date: _____

VERIFICATION OF DISABILITY STATUS

To the best of my knowledge, information, and belief, the applicant who is requesting a reasonable accommodation meets the definition of “individual with a disability.” An “individual with a disability” means individuals with a mental or physical disability as those terms are defined in the California Government Code section 12926 (i),(k), and (l), or individuals with a handicap as that term is defined in 42 U.S.C. section 3602 of the federal Fair Housing Amendments Act of 1988.

1. Verifier (healthcare/rehab professional)		Applicant/Agent	
Name (print):		Name (print):	
Address:		Address:	
City:	Zip:	City:	Zip:
Phone:		Phone:	
Affiliation:			
2. Relationship to individual with a disability			
3. Requested accommodation			
4. Explain how the requested accommodation will improve the applicant’s use or enjoyment of a residential use. [It is not necessary to reveal the nature or severity of the disability.]			

I affirm under penalty of perjury that the information provided in this application to be true and accurate:

Verifier’s Signature:

Date:
