



**REQUEST FOR REASONABLE ACCOMMODATION**

Department of Safety and Inspections  
Zoning Administrator  
375 Jackson Street, Suite 220  
Saint Paul, MN 55101  
Ph: (651) 266 – 9008 / Fax: (651) 266 – 9009

Zoning Office Use Only  
File #: \_\_\_\_\_  
Sections: \_\_\_\_\_  
City Agent \_\_\_\_\_  
Zoning \_\_\_\_\_

**APPLICANT**  
(facility operator or representative of facility residents)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Name of Owner (if different) \_\_\_\_\_ Phone \_\_\_\_\_  
House Manager (if different) \_\_\_\_\_ Phone \_\_\_\_\_

**PROPERTY LOCATION**

Address/Location \_\_\_\_\_  
\_\_\_\_\_

**REQUEST:**

Application is hereby made under provisions of Chapter 60, Section 110 of the Zoning Code for Reasonable Accommodation by providing an exception to the Zoning Code requirement in Section(s) \_\_\_\_\_ of the Zoning Code.

Proposed Use (specify) \_\_\_\_\_

**SUPPORTING INFORMATION:** The following information is necessary in order for the City to determine whether a reasonable accommodation is warranted.

1. On an additional sheet, provide an explanation of how the proposed accommodation would benefit persons with a disability, and why the accommodation is necessary to meet their particular needs.
2. Specify the maximum number of residents you propose to occupy the facility now or in the future: \_\_\_\_\_ residents. If the facility has more than one unit, please specify the number of units and the number of residents in each unit to be used for this use. \_\_\_\_\_
3. Is there a house manager that is one of the residents of the facility and is involved in the operation of the facility? (Y/N). Alternatively, is there an operator involved in the operation of the facility but does not live in the facility? (Y/N).
4. Does the facility receive financial or other support from a governmental agency? (Y/N).
5. Is the facility licensed or registered with a governmental agency? (Y/N). If yes, explain: \_\_\_\_\_
6. How many residents will have a vehicle at the site? \_\_\_\_\_. How many off-street parking spaces are available at the facility? \_\_\_\_\_

I, \_\_\_\_\_, herein certify that the above information is true and correct, to the best of my knowledge.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_