



SAINT PAUL
MINNESOTA

**REQUEST FOR REASONABLE ACCOMMODATION
FOR A SOBER HOUSE**

Department of Safety and Inspections
Zoning Division
375 Jackson Street, Suite 220
Saint Paul, MN 55101
Ph: (651) 266-9008

Zoning Office Use Only
File #: _____
Fee: _____
Zoning Staff: _____
Date Received: _____

**Facility
Operator's
Information**
(Applicant)

Name _____
Email Address _____
Address _____
City _____ St. _____ Zip _____ Phone _____
House Manager (if different) _____ Phone _____

Name of Property Owner (if different) _____
Address _____
Phone & Email _____

Address of Sober House _____

REQUEST: Application is hereby made under provisions of Sec. 60.110 of the Zoning Code for Reasonable Accommodation for a sober house under Sec. 65.161 by requesting:

REQUIRED INFORMATION: The following information is necessary for the city to determine whether a reasonable accommodation is warranted. Applicants must answer the questions below and attach the following documentation:

- Site plan of property showing parking location
- Floor plan with dimensions, # of beds in each room, and location of windows and doors
- Copy of house rules
- Explanation of how the proposed accommodation would benefit persons with a disability, and why the accommodation is necessary to meet their particular needs

1. Specify the maximum number of residents proposed to occupy the facility: _____
a. If the facility has more than one unit, specify the number of units and the number of residents in each unit: _____

2. Will all residents be in recovery from chemical dependency and considered handicapped under the Federal Fair Housing Act Amendments of 1988 and willingly subject themselves to written house rules and conditions, including prohibition of alcohol and drug use (with the exception of prescribed medication)? _____

3. Will residents have full access to the entire unit, sharing facilities like kitchens, bathrooms, and other common areas, and be expected to participate in household chores and function as a cohesive household? _____

4. Will the facility receive operating revenue from government sources? _____

5. Will the proposed sober house provide any on-site supportive services (excluding house meetings), such as mental health services, clinical rehabilitation services, social services, medical, dental, nutritional and other health care services, financial management services, legal services, vocational services, or other similar supportive services? _____

If you are a religious institution, you may have certain rights under RLUIPA. Please check this box if you identify as a religious institution.

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

Applicant's Signature _____ **Date** _____