



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 for the city to determine whether a reasonable accommodation is or is not 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? _____

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

Attachments as required: Site Plan showing off-street parking Affidavit Written house rules

Information to determine conformance with §65.160. Sober house

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

Applicant's Signature _____ **Date** _____