



SOBER HOUSE ADDENDUM TO REQUEST FOR REASONABLE ACCOMMODATION

Department of Safety and Inspections
Zoning Administrator
375 Jackson Street
Suite 220
Saint Paul, MN 55101
(651) 266 - 9008 / Fax: (651) 266 - 4194

Zoning Office Use Only
File #: _____
Sections: _____
City Agent _____
Zoning _____

APPLICANT
(operator
or resident
representative)

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

**PROPERTY
LOCATION**

Address/Location _____

The zoning administrator will review this written addendum for conformance with standards listed in Sec. 65.160 of the zoning ordinance. Provided that the request meets these standards, the zoning administrator will issue a written approval for a reasonable accommodation from the maximum number of unrelated persons living together in a dwelling unit.

Additional reasonable accommodation may be requested by the applicant by providing a further explanation on an additional sheet of how the proposed additional accommodation would benefit persons with a disability, and why it is necessary to meet their particular needs.

1. Are residents placed in the house by an outside entity? Yes No
If yes, explain _____

2. Can a resident live in the house indefinitely? Yes No
If no, explain _____

3. Does the resident have access to the entire house (or entire unit, if 2+ unit property), including all household facilities such as the kitchen, common areas, and bathrooms? Yes No
If no, explain _____

4. Does the whole house function as a single household unit, where the residents share in common duties such as cleaning and general maintenance of the house?
Yes No
If no, explain _____

5. Do the house residents make decisions in a democratic manner regarding the operation of the house?

Yes No

If no, explain _____

6. Do house residents have input in reviewing and accepting new residents? Yes No

If no, explain _____

7. Does the house have a written policy banning alcohol and controlled substance use and possession by residents?

Yes No

If no, explain _____

8. Do services or meetings related to the residents' recovery take place at the house? Yes No

If no, explain _____

9. Are any of these services or meetings open to persons not residing in the sober house? Yes No

If yes, explain _____

10. Generally, do residents go through alcohol or controlled substance treatment programs prior to arrival at the house?

Yes No

If no, explain _____

11. Who refers residents to the house, if applicable? _____

Attach the following:

- A written copy of the house rules
- Site plan showing off-street parking spaces
- An alternative parking plan (if applicable) that demonstrates sufficient parking for the use
- A floor plan showing the layout and specifying the number of beds in the house
- Any additional information to further explain any of the answers to the above questions

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

Applicant's Signature _____ Date _____