



APPLICATION CHECKLIST REASONABLE ACCOMMODATION

It is the policy of the City of Roseville, pursuant to the Federal Fair Housing Amendments Act of 1988, to provide people with disabilities reasonable accommodation in rules, policies and procedures that may be necessary to ensure equal access to housing.

Requests for reasonable accommodation to provide relief for individuals with disabilities from various land use, zoning, or rules, policies practices and/or procedures of the City may be submitted to the Planning Manager.

Requests shall be reviewed to assess their ability to comply with the standards identified in City of Roseville Zoning Ordinance Chapter 19.59.

The Planning Manager shall issue a written determination of his or her action within thirty (30) days of the date of receipt of a completed application.

The Planning Manager may either:

- ◆ Grant or deny the accommodation request; or
- ◆ Grant the accommodation request subject to specified nondiscriminatory condition(s); or
- ◆ Forward the request to the Planning Commission for consideration as an Administrative Permit.

The Planning Manager may request further information from the applicant consistent with the Planning Division specifying in detail what information is required. In the event a request for further information is made, the thirty (30) day period to issue a written determination shall be stayed until the applicant fully and sufficiently responds to the request.

To request a reasonable accommodation, please complete the attached application form and submit to the Planning Division for review by the Planning Manager or his/her designee.

If you have questions, call the Planning Division at (916) 774-5276 (California Relay Service 1-800-735-2929). Staff is available at 311 Vernon Street, Roseville, CA 95678.



REASONABLE ACCOMMODATION APPLICATION FORM

ORIGINAL INK SIGNATURES ARE REQUIRED FOR OWNER and APPLICANT

Project Name _____ Date _____

Address of Project _____

APPLICANT (print or type)

Company Name _____ Day Phone: _____

Address: _____

Name _____ E-mail address _____

Signature _____ Date _____

Owner's Authorization: (If the applicant is not the owner of record), I authorize the Applicant to file this application and to represent me on all matters concerning the application.

Company Name _____ Day Phone _____

Address _____

PROPERTY OWNER (print or type) _____

Signature _____ Date _____

Please answer the following questions:

1. What is the current actual use of the property?

2. Which zoning code provision, regulation or policy from which reasonable accommodation is being requested?

3. What is the basis for the claim that the person(s) for whom reasonable accommodation is being sought is considered disabled under the Fair Housing Act, and why is the accommodation necessary to make specific housing available to the person(s)?

CERTIFICATION

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge, and further agree to uphold the conditions and limitations as set forth in Chapter 19.34.020 and 19.34.030 of the City of Roseville Zoning Ordinance.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Approved by _____ Date _____

Approved with Conditions by _____ Date _____

Denied by _____ Date _____

An Administrative Permit may be requested _____