



APPLICATION FOR REASONABLE ACCOMMODATION

It is the intent of the City pursuant to fair housing laws to provide individuals with disabilities reasonable accommodation in rules, policies, practices and procedures to ensure equal access to housing and facilitate the development of housing for individuals with disabilities. (LMC §18.82.010)

To request an accommodation from zoning or land use regulations, please provide the information requested below¹ and submit the completed form to the Planning Department. The application will be processed within 30 days of receipt.

1. Name of applicant: _____

Mailing address: _____
(Address) (City) (State) (Zip)

Daytime phone: _____ Fax: _____

Email address: _____

2. Property address: _____

3. Name of property owner: _____
(If different from applicant)

Mailing address: _____
(Address) (City) (State) (Zip)

Daytime phone: _____ Fax: _____

Email address: _____

4. Current use of property: _____
(E.g., single-family home, condominium, second unit, multi-family unit)

5. Describe the requested accommodation and the regulation(s), policy, or procedure(s) for which the accommodation is sought. Attach any available documentation, including but not limited to site plans, floor plans, and/or other details as necessary to define the extent of the accommodation.²

¹ Any information identified by the applicant as confidential shall be retained by the City in such a manner so as to respect the privacy rights of the individual with a disability and shall not be made available for public inspection.

² Depending on the extent of the accommodation requested, the Department may request additional information if it is not included in the application. If additional information is requested, a new 30 day period of review will begin upon the Department's receipt of the additional information.

CITY OF LARKSPUR
400 Magnolia Ave.
Larkspur, CA 94939
www.cityoflarkspur.org



6. Describe and provide documentation of the applicability of Fair Housing laws (e.g., a letter from a medical doctor or other healthcare professional, a handicap license, etc.).

7. Describe why the requested accommodation is necessary for the individual(s) with a disability to use and enjoy the property.

8. Describe how the property will be used by the individual(s) with a disability.

I do hereby declare under penalty of perjury that the facts and information contained in this application, including any supplemental forms and materials, are true and accurate to the best of my knowledge.

Applicant Signature* _____

(Date) _____

Property Owner Signature,
if different from applicant* _____

(Date) _____

*** Only original signatures accepted; faxed, emailed, or copies not accepted.**

FOR OFFICE USE ONLY

Application No. _____ Date Received: _____

Received By: _____ Date Deemed Complete: _____