

## **City of Delray Beach Planning and Zoning Department Application Form to Request a Reasonable Accommodation**

A reasonable accommodation is any modification of a zoning rule, policy, or practice if that modification is reasonably necessary in order to give a person with disabilities an equal opportunity to use and enjoy a dwelling in the City of Delray Beach. It is the policy of the City of Delray Beach Planning and Zoning Department, pursuant to State and federal law, 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.

If you believe that you need a reasonable accommodation to live in a dwelling, or so that persons with disabilities may live in a dwelling that you own or operate, please complete this application form and return it to the City of Delray Beach Planning and Zoning Department at 100 NW 1st Avenue, Delray Beach, FL 33444. Please attach additional pages if necessary. If you have questions or need assistance, please contact the City of Delray Beach Planning and Zoning Department.

### **Name and Contact Information of the Applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Alternative Telephone: \_\_\_\_\_

### **Location Where Reasonable Accommodation is Requested:**

Address: \_\_\_\_\_

\_\_\_\_\_

**Is Applicant the owner of the property at which Reasonable Accommodation is requested?**

Yes  No

If “No”, provide the name and contact information of the owner of the property at which Reasonable Accommodation is requested:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Is the dwelling licensed or certified by the State of Florida? If so, please provide the type of license or certificate, the number, and attach a copy of it:**

\_\_\_\_\_

**Are the people who will live at the dwelling persons with disabilities?**

Yes  No

If you answered Yes, you must submit the Verification of Disability Status form on page 5. If “No”, provide the name and contact information of the individual(s) for whom Reasonable Accommodation is requested below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe the accommodation you need. What rules or policies would you like the City of Delray Beach Planning and Zoning Department to waive for the dwelling (please provide the specific regulation)?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you need the accommodation? In other words, why is the requested accommodation necessary in order for persons with disabilities to live in the dwelling:**

---

---

---

---

---

**Please provide the following information if you are requesting an accommodation in order to house more than 3 unrelated people in a single-family dwelling:**

Number of residents that will live in the dwelling: \_\_\_\_\_

Number of staff who will serve the dwelling: \_\_\_\_\_

Anticipated number of vehicles used by residents and staff: \_\_\_\_\_

Number of off-street parking spaces available: \_\_\_\_\_

Square footage of the dwelling: \_\_\_\_\_

Number of bedrooms in the dwelling: \_\_\_\_\_

For each bedroom, please state the square footage of the room and the number and size of each window:

Bedroom 1: \_\_\_\_\_

Bedroom 2: \_\_\_\_\_

Bedroom 3: \_\_\_\_\_

Bedroom 4: \_\_\_\_\_

[Attach additional sheets if necessary.]

Is the number of residents necessary in order for the dwelling to be financially viable? If so, please explain why:

---

---

---

---

Is the number of residents necessary in order for the dwelling to be therapeutically beneficial for the residents? If so, please explain why:

---

---

---

---

I AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION ON THIS APPLICATION THAT MY APPLICATION MAY BECOME NULL AND VOID.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

---

**OFFICIAL USE ONLY**

Reasonable Accommodation Request Number: \_\_\_\_\_

**Expiration:**

Approvals for Reasonable Accommodations shall expire within one hundred eighty (180) days if not implemented.

**Verification of Disability Status**

This form must be completed by someone who knows about the individuals' disabilities.

The City of Delray Beach Planning and Zoning Department respects individuals' privacy. We will verify disability status, but will not inquire into the nature or severity of a disability. Nor will we ask to see a person's medical records. We will limit our disability inquiry to requiring the Applicant to verify the disability status of individuals for purposes of State and federal law.

**Definitions:**

Federal law provides that "persons with disabilities" are persons who: (1) have any "physical or mental impairment" that substantially limits one or more "major life activities"; (2) have a record of having the impairment; or (3) are regarded by others as having the impairment.

A "major life activity" is any task central to most people's daily lives, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

A "physical or mental impairment" includes, but is not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addition, and alcoholism. Anyone with a history of an impairment that limits a major life activity is also a person with disabilities.

**Verification:**

To the best of my knowledge, information, and belief, the person(s) who occupy (or who will occupy) the dwelling that is subject to the above request for reasonable accommodation \_\_\_ do \_\_\_\_\_ do not meet the definition of "persons with disabilities." I am in a position to know about the person(s)' disabilities because:

---

---

---

(For example, are you a medical or social services professional, part of a peer support group that serves the person(s), or someone who resides with the person(s)?)

Note: Do NOT reveal the nature or severity of the persons' disabilities.

I affirm under penalty of perjury that the information provided in this application is true and accurate:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_