

**TOWN OF ATHERTON
PLANNING DEPARTMENT
REQUEST FOR REASONABLE ACCOMMODATION**

80 FAIR OAKS LANE
ATHERTON, CA 94027
(650) 752-0544



Date:	OFFICE USE ONLY	Staff:
<input type="checkbox"/> Application GRANTED	<input type="checkbox"/> Application DENIED	<input type="checkbox"/> Application GRANTED with Conditions
		<input type="checkbox"/> Application request FORWARDED to the Planning Commission, as CUP subject to findings in Section 17.17.060

AMC Chapter 17.17 on Accessibility provides a process for individuals with disabilities to make requests for reasonable accommodations for relief from various land use, zoning or rules, policies, practices and/or procedures of the Town. It is the policy of the Town, pursuant to the Federal Fair Housing Act (as amended), to provide people with disabilities with reasonable accommodation in rules, policies, and procedures that may be necessary to ensure equal access to housing. For questions, please contact the Atherton Planning Department at 650-752-0544 or email planningdept@ci.atherton.ca.us where planners will be able to assist you.

SITE ADDRESS:

APN:

PROJECT DESCRIPTION:

PROPERTY OWNER / APPLICANT INFORMATION:

Property Owner's Name

Mailing Address

Phone

Email

Applicant Name (if different)

Mailing Address

Phone

Email

Describe the current actual use of the property:

Describe the proposed project (in detail):

Describe the zoning code provision, regulation, or policy from which reasonable accommodation is being requested:

Describe the basis for the claim that the person(s) for whom the reasonable accommodation is sought is/are considered disabled under the Fair Housing Act and why the accommodation is reasonably necessary to make specific housing available to the person(s):

Pursuant to AMC Chapter 17.17.040, other relevant information may be requested by the Town Planner or his or her designee. In some limited cases, a Doctor's note may be required if the connection between the disability and the request modification is not clear or obvious, however, in submitting this kind of supporting documentation, it is not necessary to disclose confidential information protected by the Health Insurance Portability and Accountability Act (HIPAA).

AFFADAVIT and SIGNATURES

Under penalty of perjury the following declarations are made:

- a) The undersigned is the owner or authorized agent of the owner of this property.
- b) The information presented is true and correct to the best of my knowledge.
- c) The other information or applications may be required.
- d) The Reasonable Accommodation must be for the occupant of the building.
- e) The feature approved for Reasonable Accommodation may be removed if there is evidence that proves there are no ADA tenants occupying the building.

Signature of Owner:

Date:

Signature of Applicant:

Date: