



Request for Reasonable Accommodation Supplemental Information Required

Community Development Department
Planning Division
100 Civic Center Drive / P.O. Box 1768 / Newport Beach, CA 92658-8915
949-644-3204
www.newportbeachca.gov

To aid staff in determining that the necessary findings can be made in this particular case as set forth in Section 20.52.070, Subsection (D)(2) of the Municipal Code, please answer the following questions with regard to your request (Please attach on separate sheets, if necessary):

Name of Applicant

If provider of housing, name of facility, including legal name of corporation

(Mailing Address of Applicant) (City/State) (Zip)

(Telephone) (Fax number)

(E-Mail address)

(Subject Property Address) Assessor's Parcel Number (APN)

1. Is this application being submitted by a person with a disability, that person's representative, or a developer or provider of housing for individuals with a disability?

2. Does the applicant, or individual(s) on whose behalf the application is being made, have physical or mental impairments that substantially limit one or more of such person's major life activities? If so, please state the impairment(s) and provide documentation of such impairment(s).

3. From which specific Zoning Code provisions, policies or practices are you seeking an exception or modification?

4. Please explain why the specific exception or modification requested is necessary to provide one or more individuals with a disability an equal opportunity to use and enjoy the residence. Please provide documentation, if any, to support your explanation. _____

5. Please explain why the requested accommodation will affirmatively enhance the quality of life of the individual with a disability. Please provide documentation, if any, to support your explanation. _____

6. Please explain how the individual with a disability will be denied an equal opportunity to enjoy the housing type of their choice absent the accommodation. Please provide documentation, if any, to support your explanation. _____

7. If the applicant is a developer or provider of housing for individuals with a disability, please explain why the requested accommodation is necessary to make your facility economically viable in light of the relevant market and market participants. Please provide documentation, if any, to support your explanation. _____

8. If the applicant is a developer or provider of housing for individuals with a disability, please explain why the requested accommodation is necessary for your facility to provide individuals with a disability an equal opportunity to live in a residential setting taking into consideration the existing supply of facilities of a similar nature and operation in the community. Please provide documentation, if any, to support your explanation.

9. Please add any other information that may be helpful to the applicant to enable the City to determine whether the findings set forth in Section 20.52.070, Subsection (D)(2) of the NBMC can be made (Use add'l. pages if necessary.) _____
