APPLICATION FOR REASONABLE ACCOMMODATION FOR DISABLED INDIVIDIUALS

California and Federal law, including the Federal Housing Act of 1988, the Americans with Disabilities Act of 1990, and the California Fair Employment and Housing Act guarantee individuals with disabilities the civil right to access publicly funded buildings, facilities, programs, and public accommodations on an equal basis with their fellow citizens who are not disabled. It is the policy of the City to provide people with disabilities with accommodations if reasonable and necessary. The City of San Dimas has historically provided such accommodations when persons with special needs have applied for exceptions from stated requirements of local regulations and practices.

The City recently codified this practice in Ordinance No. 1146. Any disabled person, or his or her representative, may request an accommodation from any of the City's rules, policies, practices, and/or procedures when accommodation is both reasonable and necessary to afford such persons these opportunities.

A disabled person who desires to request an accommodation may do so by filing an application with the proper department having jurisdiction over the decision. If an individual needs assistance in making the request for accommodation, each department will endeavor to provide the assistance to ensure the process is accessible to the applicant or representative.

CRITERIA FOR GRANTING ACCOMMODATION

The following criteria will be used to analyze the request for accommodation.

1. Whether the request is reasonable and necessary to afford the applicant with an equal opportunity to access publicly funded buildings, facilities and programs, or privately funded housing, including single and multiple family dwelling units, and public accommodations on an equal basis with citizens who are not disabled.

2. Whether there are preferable and feasible alternatives to the requested accommodation that may provide an equivalent level of benefit.

3. The physical attributes of and any proposed changes to property and structures.

4. Whether the requested accommodation will impose an undue financial or administrative burden on the City.

5. Whether the requested accommodation will require fundamental alteration of the City's rules, policies, practices, or procedures.

6. If a zoning related issue, whether the requested accommodation would result in a detriment of the residential character of the neighborhood.

7. Copies of memoranda, correspondence, pictures, plans, or background information reasonably necessary to reach a decision regarding the need for accommodation. The

affected department has the right to request any other supportive information deemed necessary to facilitate the request.

8. If a zoning related matter, a verification that adjacent property owners have been notified in the manner prescribed by the director of community development.

PROCESS FOR DETERMINATION

Non-Zoning Related Applications. The department overseeing the subject matter issue a written notice of decision within thirty (30) days of the date of the submittal of a complete application and may grant or deny the accommodation request, offer an approval of an alternative accommodation, or approve the request with conditions.

Zoning Related Applications. The director of community development shall forward the application to the development plan review board for consideration within thirty (30) days of the submittal of a complete application. The board will issue a written statement and may grant or deny the accommodation request, offer an approval of an alternative accommodation, or approve the request with conditions.

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CONTACT INFORMATION

Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell Phone _____

Name of Disabled Person _____

Relationship to Applicant _____

NATURE OF ACCOMODATION

Please state the rule, policy, practice, and/or procedure of the City for which the request of accommodation is being made. _____

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If this is a zoning related matter, please state the address of the affected property. _____

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Please identify and describe the nature of the disability that is the basis for the request of the accommodation. In addition, please attach current, written medical certification describing the disability and its effects on the individual's medical, physical, or mental condition.

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Please describe the type of accommodation being sought and why it is necessary for the needs of the disabled person. Where appropriate, include a summary of any potential means and alternatives considered in evaluating the need for the accommodation. _____

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Please list any supporting documents that have been included in addition to the application.

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SUPPORTIVE DOCUMENTATION

Please attach any copies of memoranda, correspondence, pictures, plans, or background information reasonably necessary to reach a decision regarding the need for accommodation, or by requested of the affected department. If this is a zoning related manner, please include verification that adjacent property owners have been notified in a manner prescribed by the Director of Community Development.