



City of San Diego
Development Services
 1222 First Ave., MS-302
 San Diego, CA 92101
 (619) 446-5000

THE CITY OF SAN DIEGO

Request for Reasonable Accommodations

FORM DS-18
 FEBRUARY 2007

Project No.

The City is required by the Federal Fair Housing Act and the California Fair Employment and Housing Act to provide a process for consideration of reasonable accommodation requests. A deviation process is available to applicants for circumstances where the existing zoning regulations would preclude residential development for persons with disabilities. All requests for accommodation are determined on a case-by-case basis. You will be contacted if additional information is required to determine the reasonableness of the accommodation requested.

Please print legibly or type.

1. Applicant Name:

Address City State Zip Code Telephone

2. Property Owner Name:

Address City State Zip Code Telephone

3. Site Address where accommodation is requested:

Address Zip Code

4. Identify the reasonable accommodation requested and the specific regulation from which the deviation is requested:

PROCESS ONE-ADMINISTRATIVE REVIEW:

Deviations from the following may be requested through process one:

- Minimum Setbacks
- Minimum Parking
- Minimum Floor Area Ratio (0-5%)

PROCESS TWO-DISCRETIONARY REVIEW (NDP):

Deviations from the following regulations may be permitted with a Neighborhood Development Permit in accordance with Process two:

- Minimum Floor Area Ratio (5-10%)
- Angled Building Envelope
- Accessory Structure

Where applicant is requesting a deviation from floor area ratio (5-10%), angled building envelope plane, or accessory structure, please submit application materials for a Neighborhood Development Permit in addition to this form.

5. Give the reason that the reasonable accommodations may be necessary, for you or for other individuals with disabilities seeking the specific housing, to use and enjoy the housing. You do not need to tell us the name or extent of your disability or that of the individuals seeking the housing:

6. Please attach any documents that you feel are necessary to support your request for reasonable accommodation and would assist us in considering your request, (e.g. medical documentation which supports the need for the accommodation as prescribed under disability law). Please note that all documents submitted will be kept as a record of the decision and will be made available to the public upon request.

CONTINUED ON REVERSE SIDE

Printed on recycled paper. Visit our web site at www.sandiego.gov/development-services.

Upon request, this information is available in alternative formats for persons with disabilities.

7. **Owner Declaration:** I _____, certify, under penalty of perjury under the laws of the State of California, that the information provided above is correct and is being submitted to facilitate a currently anticipated use of the development by a person with a disability.

Signature _____ Date _____

A disabled person pursuant the Fair Housing Amendments Act of 1988 means any person who has a physical or mental impairment that substantially limits one or more major life activities; anyone who is regarded as having such impairment; or anyone who has a record of such impairment.

FOR CITY USE ONLY

The following findings have been made to support the reasonable accommodation request:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The development will be used by a disabled person. |
| <input type="checkbox"/> | <input type="checkbox"/> | The deviation request is necessary to make specific housing available to a disabled person and complies with all applicable development regulations to the maximum extent feasible. |
| <input type="checkbox"/> | <input type="checkbox"/> | The deviation request will not impose an undue financial or administrative burden on the City of San Diego. |
| <input type="checkbox"/> | <input type="checkbox"/> | The deviation request will not create a fundamental alteration in the implementation of the City's zoning regulations for the _____ zone.
INDICATE ZONE |

Additional Information for Administrative Record:

Name: _____

Staff Title: _____

Signature: _____

Date: _____