



# APPLICATION FOR REASONABLE ACCOMODATION

*Under Chapter 27.70 of the San Mateo Municipal Code, it is the City of San Mateo's policy to provide persons with disabilities reasonable accommodations in regulations and procedures to ensure equal access to housing, and to facilitate the development of housing for persons with disabilities. The purpose of this application form is to commence the process for making a request for reasonable accommodation.*

## Applicant Information:

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Property Owner Information (If different than applicant):

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please provide the above information for each additional property owner or applicant, if applicable, on a separate sheet(s).*

## Project and Property Information

Project Address(es): \_\_\_\_\_

Assessor Parcel Number(s): \_\_\_\_\_

Brief Project Description: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Current Use of Property: \_\_\_\_\_

| Reasonable Accommodation Submittal Checklist   |   |
|--|---|
| <input type="checkbox"/> Completed application form signed by the property owner   | <input type="checkbox"/> Verification of property ownership, such as a copy of a current grant deed that includes a full property description, including any easements, build-to-lines, etc. In some cases, a current title report will be required (Note: current means within one year of application date) |
| <input type="checkbox"/> Plans showing details of the proposal (Full-size 24" x 36", scalable plans)   | <input type="checkbox"/> Other relevant information as requested by the Zoning Administrator (e.g., arborist report, geotechnical report, etc.)   |
| <input type="checkbox"/> Medical Certification of Disability (e.g., letter from physician. Note: it is not required that the name or extent of the disability be identified for the individual seeking the reasonable accommodation) | <input type="checkbox"/> Photos of the property & buildings   |
| <input type="checkbox"/> Proof of income (if applicable, see page 3)   | <input type="checkbox"/> Power of Attorney (if applicable)  |

### Property Owner Authorization

**I certify that as the property owner**, I authorize the filing of this application for reasonable accommodation. I understand that pursuant to the City of San Mateo Municipal Code, conditions of project approval are binding upon both the applicant and the property owner(s). I agree to implement the conditions to the best of my ability subject only to the right to object at public hearing on this application.

#### **Property Owner's Statement**

I hereby certify that I am the owner of record of the property described in the above Project Location and that I approve of the requested action herein.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

**I certify that I am designated by the partnership, corporation, or other entity which is the property owners**, to authorize the filing of this application for reasonable accommodation **and submit, herewith, Power of Attorney, or other evidence of my designation**. I understand that pursuant to the City of San Mateo Municipal Code, conditions of project approval are binding upon both the applicant and the property owner(s). I agree to implement the conditions to the best of my ability subject only to the right to object at public hearing on this application.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

**Request for Accommodation:**

1. Specify nature of the reasonable accommodation request, and cite zoning code section from which a reasonable accommodation is requested:

2. Explanation of why the reasonable accommodation is necessary to make the specific housing accessible to the person(s) with disabilities:

3. List any potential impacts on the surrounding properties if the reasonable accommodation request were granted:

4. Please describe any uses existing on the premises (e.g., community care facility, home occupation, etc):

**Technical Report Assistance:**

Request financial assistance for the preparation of any required Technical Reports<sup>1</sup> (must be low income household)<sup>2</sup>:

- Yes  
 No

***If 'yes' selected above, please attach proof of income with application***

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<sup>1</sup> Technical reports would include any required arborist report, geotechnical report, etc.

<sup>2</sup> For low income households (as defined in Health and Safety Code Section 50079.5), the City will fund the cost of any required technical reports so long as doing so would not constitute an "undue financial burden"