

## City of Delray Beach Planning and Zoning Department Application Form to Request a Reasonable Accommodation

A reasonable accommodation is any modification of a zoning rule, policy, or practice if that modification is reasonably necessary in order to give a person with disabilities an equal opportunity to use and enjoy a dwelling in the City of Delray Beach. It is the policy of the City of Delray Beach Planning and Zoning Department, pursuant to State and federal law, to provide individuals with disabilities reasonable accommodation in rules, policies, practices, and procedures to ensure equal access to housing and facilitate the development of housing for individuals with disabilities.

If you believe that you need a reasonable accommodation to live in a dwelling, or so that persons with disabilities may live in a dwelling that you own or operate, please complete this application form and return it to the City of Delray Beach Planning and Zoning Department at 100 NW 1st Avenue, Delray Beach, FL 33444. Please attach additional pages if necessary. If you have questions or need assistance, please contact the City of Delray Beach Planning and Zoning Department.

**NOTE:** If you are granted a reasonable accommodation, you are required to inform the City within thirty (30) calendar days of any changes to the information contained in your application. You are also required to recertify on an annual basis that you have a continued need for the accommodation that has been approved. Failure to recertify shall result in the revocation of your reasonable accommodation.

### Name and Contact Information of the Applicant:

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Alternative Telephone: \_\_\_\_\_



**Location Where Reasonable Accommodation is Requested:**

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

Legal Description: \_\_\_\_\_  
\_\_\_\_\_

Is this a new Reasonable Accommodation Request? \_\_\_\_\_

If this is a recertification request, when was the request previously submitted?

\_\_\_\_\_

**Is Applicant the owner of the property at which Reasonable Accommodation is requested?**

Yes ☐ No ☐

If "No", provide the name and contact information of the owner of the property at which Reasonable Accommodation is requested:

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Is the Applicant the representative of the owner of the property at which the Reasonable Accommodation is requested?**

Yes ☐ No ☐

**Is the dwelling licensed or certified by the State of Florida? If so, please provide the type of license or certificate, the number, and attach a copy of it:**

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**Are the people who will live at the dwelling persons with disabilities?**

Yes ☐ No ☐

If you answered Yes, you must submit the Verification of Disability Status form on Page 6. If “No”, provide the name and contact information of the individual(s) for whom Reasonable Accommodation is requested below:

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**Please describe the accommodation you need. What rules or policies would you like the City of Delray Beach Planning and Zoning Department to waive for the dwelling (please provide the specific regulation)?**

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**Why do you need the accommodation? In other words, why is the requested accommodation necessary in order for persons with disabilities to live in the dwelling:**

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**Please provide the following information if you are requesting an accommodation in order to house more than three (3) unrelated people in a dwelling unit:**

Number of residents that will live in the dwelling: \_\_\_\_\_

Number of staff who will serve the dwelling: \_\_\_\_\_

Anticipated number of vehicles used by residents and staff: \_\_\_\_\_

Number of off-street parking spaces available: \_\_\_\_\_

Square footage of the dwelling: \_\_\_\_\_

Number of bedrooms in the dwelling: \_\_\_\_\_

For each bedroom, please state the square footage of the room (excluding closets) and the number and size of each window:

Bedroom 1: \_\_\_\_\_

Bedroom 2: \_\_\_\_\_

Bedroom 3: \_\_\_\_\_

Bedroom 4: \_\_\_\_\_

[Attach additional sheets if necessary.]

If the dwelling unit is a Certified Recovery Residence, please provide the most recent proof of satisfactory fire, safety, and health inspections as required by Section 397.487 (3)(m), *Fla. Stat.*

[Attach additional sheets if necessary.]

If on-site supervisor or manager is provided, please provide the following information and regularly update if there are any changes:

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

Telephone: \_\_\_\_\_



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

Is the number of residents necessary in order for the dwelling to be financially viable? If so, please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the number of residents necessary in order for the dwelling to be therapeutically beneficial for the residents? If so, please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe plan for eviction of residents on a separate sheet of paper.

**Expiration:**

Approvals for Reasonable Accommodations shall expire within one hundred eighty (180) calendar days if not implemented.

**Recertification:**

If a Reasonable Accommodation request is approved by the City Manager or his/her designee and implemented by the Applicant, then it shall be valid for no more than one (1) year and shall require annual recertification on or before April 1<sup>st</sup>.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION ON THIS APPLICATION THAT MY APPLICATION SHALL BECOME NULL AND VOID.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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**OFFICIAL USE ONLY**

Reasonable Accommodation Request Number: \_\_\_\_\_

### **Verification of Disability Status**

This form must be completed by someone who knows about the individuals' disabilities.

The City of Delray Beach Planning and Zoning Department respects individuals' privacy. We will verify disability status, but will not inquire into the nature or severity of a disability. Nor will we ask to see a person's medical records. We will limit our disability inquiry to requiring the Applicant to verify the disability status of individuals for purposes of State and federal law.

#### **Definitions:**

Federal law provides that "persons with disabilities" are persons who: (1) have any "physical or mental impairment" that substantially limits one or more "major life activities"; (2) have a record of having the impairment; or (3) are regarded by others as having the impairment.

A "major life activity" is any task central to most people's daily lives, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

A "physical or mental impairment" includes, but is not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addition, and alcoholism. Anyone with a history of an impairment that limits a major life activity is also a person with disabilities.

#### **Verification:**

To the best of my knowledge, information, and belief, the person(s) who occupy (or who will occupy) the dwelling that is subject to the above request for reasonable accommodation \_\_\_\_ do \_\_\_\_ do not meet the definition of "persons with disabilities." I am in a position to know about the person(s)' disabilities because:

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(For example, are you a medical or social services professional, part of a peer support group that serves the person(s), or someone who resides with the person(s)?)

Note: Do NOT reveal the nature or severity of the persons' disabilities.



I affirm under penalty of perjury that the information provided in this application is true and accurate:

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**OWNER'S CONSENT**

(This form must be completed by **ALL** property owners)

I, \_\_\_\_\_, the fee simple  
(Owner's Name)  
owner of the following described property (give legal description):

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hereby petition to the City of Delray Beach for Approval of this Application for  
Reasonable Accommodation for

\_\_\_\_\_  
(Applicant Name)

I certify that I have examined the application and that all statements submitted are true and accurate to the best of my knowledge. Further, I understand that this application and attachments become part of the Official Records of the City of Delray Beach, Florida, and are not returnable.

\_\_\_\_\_  
(Owner's Signature)

The foregoing instrument was acknowledged before me this \_\_\_\_\_,  
day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_, who  
is personally known to me or has produced \_\_\_\_\_  
(type of identification) as identification and who did (did not) take an oath.

\_\_\_\_\_  
(Printed Name of Notary Public) (Signature of Notary Public)

Commission # \_\_\_\_\_, My Commission Expires  
\_\_\_\_\_

**(NOTARY'S SEAL)**

**OWNER'S DESIGNATION OF AGENCY**

(This form must be completed by **ALL** property owners if designating an Agent)

I, \_\_\_\_\_, the fee simple owner of the following  
(Owner's Name)

described property (give legal description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

hereby affirm that

\_\_\_\_\_

(Applicants/Agent's Name)

is hereby designated to act as agent on my behalf to accomplish the above.



I certify that I have examined the application and that all statements submitted are true and accurate to the best of my knowledge. Further, I understand that this application and attachments become part of the Official Records of the City of Delray Beach, Florida, and are not returnable.

\_\_\_\_\_  
(Owner's Signature)

The foregoing instrument was acknowledged before me this \_\_\_\_\_,  
day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_, who  
is personally known to me or has produced \_\_\_\_\_  
(type of identification) as identification and who did (did not) take an oath.

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

Commission # \_\_\_\_\_, My Commission Expires  
\_\_\_\_\_

**(NOTARY'S SEAL)**

**CITY OF DELRAY BEACH – PLANNING AND ZONING DEPARTMENT**

**EXHIBIT “A”**

**PROPERTY**

**Recertification Form**

On or before April 1st each year, you shall, in substantially the same form as provided herein, affirm that there are no substantive changes to the information contained in this application and that you have a continued need for the accommodation that has been approved under this application or else your accommodation shall be revoked.

☐ I reviewed the City of Delray Beach Planning and Zoning Department Application Form to Request a Reasonable Accommodation (attached) that was approved on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ and do hereby affirm that there are no changes to the information contained herein and that I have a continued need for the accommodation requested herein.

If there are changes, please describe the changes in detail:

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Note: If the City determines that the changes described herein are substantive enough to change the accommodation that has been approved, you may be required to submit a new application to be approved by the City.

If the dwelling is a certified recovery residence, please provide the most recent proof of satisfactory fire, safety, and health inspections as required by Section 397. 487, *Fla. Stat.*

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION ON THIS RECERTIFICATION FORM THAT MY INITIAL APPLICATION SHALL BECOME NULL AND VOID.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_