



LAND USE SERVICES DEPARTMENT
Planning Division

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www.sbcounty.gov/uploads/LUS/Planning/Applications/ReasonableAccommodationApplication.pdf

REASONABLE ACCOMMODATION REQUEST

Applicants requesting Fair Housing Amendments Act and/or Americans with Disabilities Act accommodations to the County codes or procedures must complete the following information in full. Please print clearly or type all answers; attach additional sheets if necessary. Provide copies of all relevant permit applications, building plans, as well as copies of any county, state or federal licenses currently active or required for the proposed use of the property.

This request relates to a:

- Minor Reasonable Accommodation - Any deviation requested and/or granted from the strict application of the County's laws rules, policies, practices and/or procedures, including land use and zoning regulations of the Development Code, and which can be removed or terminated in 90 days or less after the need for the reasonable accommodation ends.
Major Reasonable Accommodation - Any deviation requested and/or granted from the strict application of the County's laws, rules, policies, practices and/or procedures, including land use and zoning regulations of the Development Code, and which cannot be restored or terminated within 90 days or less after the need for the reasonable accommodation ends.
Major Reasonable Accommodation for a Land Use Modification (Residential Care Facility) - Any deviation requested and/or granted from the strict application of the County's land use laws, rules, policies, practices and/or procedures, including land use and zoning regulations of the Development Code.

APPLICANT - PLEASE COMPLETE

Applicant's Name: _____ Date: _____
Mailing Address: _____
Email Address: _____
Site Address: _____
Assessor's Parcel #: _____ Phone #: () _____

Are you a disabled person within the meaning of the Federal Fair Housing Act or the Americans with Disabilities Act, or do you represent a disabled person covered by one of those Acts? [] Yes [] No

Specify what accommodation is requested and proposed alteration(s) to the property:

Property Owner's Name: _____ Phone #: () _____

Property Owner's Address: _____

What type of building is the subject of the request for accommodation:

Single-family residence Apartment building Other: _____

Check any code accommodations requested:

Building Code Development Code Other: _____

Is a county, state or federal license required to operate this property? Yes No

If "Yes," attach a copy of the applicable license or license application.

Will the property be subject to inspection by an outside agency? Yes No

If "Yes," please complete the following:

Name of Agency: _____ Phone #: () _____

Address: _____

Supporting evidence submitted to the County with this request:

- A letter from a medical doctor or other health care professional;
- A disabled/handicapped license; and/or
- Another form of evidence, which reliably demonstrates the applicant's disability.

I declare under the penalty of perjury that the foregoing is true and correct. Furthermore, I attest that the property that is the subject of this request is the primary residence of the disabled person for whom the reasonable accommodation is requested.

Signature of Applicant

Date

Signature of Property Owner

Date