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## REASONABLE ACCOMMODATION APPLICATION

It is the policy of the City of New Orleans, pursuant to the federal Fair Housing Amendments Act of 1988 and applicable state laws, to provide individuals with disabilities reasonable accommodation in the City’s zoning and land use regulations, rules, policies and practices to ensure equal access to housing and to facilitate the development of housing for individuals with disabilities. Reasonable accommodations in the zoning and land use context means providing individuals with disabilities, or developers of housing for people with disabilities, flexibility in the application of land use, zoning and building regulations, policies, practices and procedures, or even waiving certain requirements, when it is necessary to eliminate barriers to housing opportunities.

### STANDARDS OF THE COMPREHENSIVE ZONING ORDINANCE

#### **ARTICLE 27.5. REASONABLE ACCOMMODATIONS - REQUIRED FINDINGS**

The written decision to grant, grant with modifications or conditions, or deny a request for reasonable accommodation shall be consistent with applicable fair housing laws and based upon the following factors:

1. Whether the housing that is the subject of the request for reasonable accommodation will be used by an individual with a disability protected under the applicable fair housing laws.
2. Whether the requested accommodation is necessary to make housing available to an individual with disabilities protected under the applicable fair housing laws.
3. Whether the requested accommodation would impose an undue financial or administrative burden on the City.
4. Whether the requested accommodation would require a fundamental alteration in the nature of the City’s land use and zoning or building program.
5. Whether the requested accommodation would, under the specific facts of the case, result in a threat to the health or safety of other individuals or substantially damage the property of others.

In making the findings, the Executive Director may approve alternative reasonable accommodations that provide an equivalent level of benefit to the applicant with respect to (a) enabling the individual(s) with the disability to use and enjoy the dwelling, or (b) making the development of housing for individuals with disabilities financially or practically feasible.

**A. Factors for Consideration - Necessity.** The Executive Director may consider, but is not limited to, the following factors in determining whether the requested accommodation is necessary to provide one or more individuals with a disability an equal opportunity to use and enjoy a dwelling:

1. Whether the requested accommodation will affirmatively enhance the quality of life of one or more individuals with a disability.
2. Whether the individual(s) with a disability will be denied an equal opportunity to enjoy the housing type of their choice absent the accommodation.
3. In the case of developers or providers of housing for individuals with disabilities, whether the requested accommodation is necessary to make a facility or facilities of a similar nature or operation economically viable in light of the relevant market and market participants.
4. In the case of developers or providers of housing for individuals with disabilities, whether the existing supply of facilities of a similar nature and operation in the community is sufficient to provide individual(s) with a disability an equal opportunity to live in a residential setting.

**B. Factors for Consideration - Fundamental Alteration/Reasonableness.** The Executive Director may consider, but is not limited to, the following factors in determining whether the requested accommodation would require a fundamental alteration in the nature of a City program:

1. Whether the requested accommodation would fundamentally alter the character of a neighborhood.
2. Whether the accommodation would result in a substantial increase in traffic or insufficient parking.
3. Whether granting the requested accommodation would substantially undermine any express purpose of the City’s Master Plan.
4. In the case of a developer or provider of housing for individuals with disabilities, whether the requested accommodation would create an institutionalized environment due to the number of, and distance between, facilities that are similar in nature or operation.



Building/Construction  
Related Permit



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Please submit complete applications via email to [CPCinfo@nola.gov](mailto:CPCinfo@nola.gov) or in person at 1340 Poydras St., 8th Floor, New Orleans, LA 70112. Incomplete applications will not be accepted and will be returned to the applicant.

### Check Item Below that Applies:

- I am an individual with a disability.
- I am applying on behalf of an individual with a disability.
- I am a developer or provider for housing of one or more individuals with a disability.

### PROPERTY OWNER INFORMATION

Property Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Property Owner Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

If ownership is joint, each owner must be listed. If ownership is a partnership, the Partnership Agreement must be included. If ownership is a corporation, Article of Incorporation and a Board Resolution authorizing an individual or agent to sign on behalf or if ownership is a LLC, Articles of Organization and legal documentation authorizing an individual or agent to sign on its behalf must be included. If necessary, submit proof of ownership documents, such as copies of the recorded act of sale, act of exchange, act of donation, cash sale or deed. Appropriate documentation is also required for successions.

### APPLICANT INFORMATION

Requestor Identity:                      Property Owner                      Agent

Requestor Name \_\_\_\_\_ Phone \_\_\_\_\_

Requestor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

### SITE INFORMATION

Site Address \_\_\_\_\_

Square No. (s) \_\_\_\_\_ Lot No.(s) \_\_\_\_\_ Tax Bill No.(s) \_\_\_\_\_

Zoning District \_\_\_\_\_ Planning District \_\_\_\_\_

Bounding Streets \_\_\_\_\_

### WAIVER INFORMATION

What is the specific regulation(s), policy, or procedure for which the accommodation is sought?

ARTICLE & SECTION	REQUIRED	PROVIDED	WAIVER AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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## REASONABLE ACCOMMODATION APPLICATION

### PROPOSED CONDITIONS

#### LOT CHARACTERISTICS

Lot Width \_\_\_\_\_ Lot Depth \_\_\_\_\_ Lot Area \_\_\_\_\_ Front Yard Setback \_\_\_\_\_  
 Rear Yard Setback \_\_\_\_\_ Side Yard 1 Setback \_\_\_\_\_ Side Yard 2 Setback \_\_\_\_\_  
 Corner Lot Side Yard Setback \_\_\_\_\_ % of Permeable Open Space  
 (permeable area/lot area) \_\_\_\_\_

#### MAIN BUILDING CHARACTERISTICS

Open Space \_\_\_\_\_ Floor Area Ratio \_\_\_\_\_ % Front Yard Paved \_\_\_\_\_  
 Height \_\_\_\_\_ Floor Area \_\_\_\_\_ (floor area/lot area) \_\_\_\_\_ (impervious cover/front yard area) \_\_\_\_\_

#### USE OF MAIN BUILDING (See district use tables as well as Article 26 Definitions)

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

#### ACCESSORY STRUCTURE(S) (if applicable)

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_  
 Height \_\_\_\_\_ Floor Area \_\_\_\_\_ Setback from Front Lot Line \_\_\_\_\_  
 Setback from Rear Lot Line \_\_\_\_\_ Setback from Interior Side Lot Line \_\_\_\_\_

#### PARKING, LOADING & BICYCLE SPACES

Number of Off-street Parking Spaces \_\_\_\_\_ Number of Off-street Loading Spaces \_\_\_\_\_  
 Number of Bicycle Parking Spaces \_\_\_\_\_ Number of Accessible Spaces \_\_\_\_\_

### REQUIRED ATTACHMENTS All items must be submitted at the time of application fee.

Completed application with all required information & signed by owner or authorized agent.
Doctor's Form with all required information.
Site Plan of the entire lot(s) showing property lines and all buildings or structures, with distance from property line indicated. All off-street parking areas, driveways, interior streets, paving, mechanical equipment, or other surfaces should be shown and dimensioned on the plans.
Floor Plan(s) of the entire structure(s) showing room use, dimensions, walls, doors, windows, major appliances, plumbing fixtures, stairs, or other egress.
Architectural Elevations of each side of the proposed structure(s) indicating height, architectural elements such as windows, doors, materials, textures, and other information.
Photographs of the subject site(s) and building(s).
Current survey. A survey showing current site conditions and improvements.
Recommendations or approvals from HDLC, VCC, or City Council (regarding demolitions), where applicable.
Design Advisory Committee (DAC) Recommendation, when required by Article 4, Section 4.5.B of the Comprehensive Zoning Ordinance.



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**Please check here if you request that your information remain confidential.**

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REASONABLE ACCOMODATION REQUEST: Please provide the following information.

A description of the type disability at issue:

What type of accommodation is being requested?

Please provide documentation that the specific accommodation requested by the applicant is necessary for the individual(s) with the disability to use and enjoy the dwelling, or is necessary to make the development of housing for individuals with disabilities financially or practically feasible. (If you need more room, please attach necessary documents)

### ACKNOWLEDGMENTS

I (We) hereby affirm that ownership and property information presented on this application is current and accurate and, further, that the undersigned meets the requirements of Article 27 of the Comprehensive Zoning Ordinance to submit this application. I(We) acknowledge that inaccurate or incomplete ownership, improper authorization, or property identification will make this application null and void. I (We) the undersigned owner and authorized agent of the area of land described above, hereby submit for you approval the above stated request.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature \_\_\_\_\_



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## REASONABLE ACCOMMODATION - DOCTORS' FORM

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### ACCOMODATION INFORMATION

Patient Name \_\_\_\_\_

Requested Accomodation (Please describe the requested accomodation below)

How will the requested accommodation affirmatively enhance the patient's qualify of life?

Will the disabled individual be denied an equal opportunity to enjoy the housing type of their choice absent this accommodation? Please Explain:

Is the patient's disability permanent? If no, please explain, and include the projected time that the accomodation will be needed: Yes:      No:

Any additional information relevant to this request:

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Name (Printed) and Office Address \_\_\_\_\_