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## REASONABLE ACCOMODATION 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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## REASONABLE ACCOMODATION APPLICATION

Applications must be complete and submitted in person. Faxed, emailed or incomplete applications will not be accepted.

**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.

### APPLICANT INFORMATION

Applicant Identity:                  Property Owner                  Agent

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Address \_\_\_\_\_

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

### REQUESTOR INFORMATION (If the requesting party is different from the applicant)

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 \_\_\_\_\_

### PROPERTY OWNER INFORMATION (if different from above)

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

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

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

### 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 ACCOMODATION APPLICATION

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

**Applications must be complete and submitted in person. Faxed, emailed or incomplete applications will not be accepted.**

**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 4 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_