



The Village of North Palm Beach

Community Development Department

Phone: (561) 841-3365 • Email: npbcommdev@village-npb.org

701 U.S. Highway 1, Suite 100 • North Palm Beach • FL 33408

www.village-npb.org

REASONABLE ACCOMMODATION **REQUEST FORM**

1. **Applicant Information:**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

2. **Applicant Representative's / Agent Information (if applicable):**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

3. **Address of Property & PCN at which a reasonable accommodation is requested:**

4. **Is the Applicant the owner of the Property? _____ Yes _____ No**

If no, please provide the name and contact information of the owner of the Property:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Note: Attach an Affidavit of Consent from the Property Owner, if Owner is different than the Applicant.

5. Is the dwelling licensed or certified by the State of Florida? Yes No

Is the dwelling a sober home/recovery residence registered with the State of Florida? Yes No

If the answer to either of the above questions is yes, please provide the type of license, registration or certificate, the number and attach a copy of it:

6. Describe in the following spaces how the applicant meets the following requirements (attach additional pages if necessary):

(A) Provide an explanation of how the applicant is a potential claimant under ADA, FHA or other state or federal regulation:

(B) List and describe the specific Village zoning or land development ordinances, policies, rules or regulations which the applicant claims violate federal or state law:

(C) Describe the reasonable accommodation requested:

(D) Provide the reasons why the requested reasonable accommodation is necessary:

7. **Please provide the following additional information if you are requesting an accommodation in order to house more than two (2) unrelated persons in a single-family dwelling:**

Number of persons who will live in the dwelling: _____

Number of staff who will serve the dwelling: _____

Anticipated number of vehicles used by residents or staff: _____

Number of off-street parking spaces available: _____

Number of bathrooms in the dwelling: _____

Square footage of the dwelling: _____

Number of bedrooms in the dwelling: _____

For each bedroom, please state the square footage of the room, the number of windows and the size of each window:

Bedroom 1: _____

Bedroom 2: _____

Bedroom 3: _____

Bedroom 4: _____

Bedroom 5: _____

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**? If so, please explain why:

I HEREBY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Applicant or Applicant's Representative:

Date: _____

Print Name: _____