



Case No. _____
Project No. _____
Zoning _____

CITY OF INGLEWOOD
APPLICATION FOR REASONABLE ACCOMODATION
(CHAPTER 12, ARTICLE 15.1-4, INGLEWOOD MUNICIPAL CODE)

Address of Project _____
Name of Applicant _____
Assessors Parcel Number _____
(APN) _____
Legal Description _____
Request _____

Primary contact person (To whom all correspondence will be sent; to be filled in even if same as applicant.)

Name _____ Day Phone _____
Address _____ City/Zip _____

The answers to the following findings must be full and complete statements:

Reasonable accommodation may be approved only if all four findings are made and justification for making each finding is specifically recited.

1. That the housing, which is the subject of the request for reasonable accommodation, will be used by a disabled person protected under the Fair Housing Amendments Act of 1988:
2. That the request for reasonable accommodation is necessary to make specific housing available to the disabled person protected under the Fair Housing Amendments Act of 1988:
3. That the requested reasonable accommodation will not impose an undue financial or administrative burden on the City:
4. That the requested accommodation will not require a fundamental alteration of the zoning building laws, policies and/or procedures of the City:

AFFIDAVIT

STATE OF CALIFORNIA) COUNTY
OF LOS ANGELES) SS.

I, _____, BEING DULY SWORN DEPOSE AND SAY THAT I AM
AN OWNER OF THE PROPERTY INVOLVED IN THIS PETITION, AND THAT THE FOREGOING SUBMITTED ARE IN ALL
RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed _____

Mailing Address _____

Phone No. _____

Day Phone _____

Subscribed and sworn to before me this _____ Day of _____

Notary Public

OFFICE USE ONLY

COMMENTS:

Received By:

Date:

Associated Case(s):

Property Owner Notification Fee for
Increased Occupancy Requests:
