Reasonable Accommodation (RA) Request Petition

To: CORAL SPRINGS SPECIAL MAGISTRATE
A REASONABLE ACCOMMODATION IS HEREBY REQUESTED

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Petitioner's Name

Phone

Address

Email Address

Legal Description of subject property

Petitioner's relation to subject property

According to Section 105 of the Coral Springs Land Development Code, the purpose of a REASONABLE ACCOMMODATION is to modify a specific City of Coral Springs requirement to ensure an individual with a disability and/or handicap has an equal opportunity to use and enjoy a dwelling.

Decisions of the Special Magistrate shall be consistent with the Fair Housing Amendments Act (42 U.S.C. 3601, et seq.) ("FHA") and Title II of the Americans with Disabilities Act (42 U.S.C. Section 12131 et seq.) ("ADA") and based on the following factors:

a) Whether the requesting party has established that he/she, or the individual on whose behalf the application was submitted, is protected under the FHA and/or ADA by demonstrating that they are handicapped or disabled, as defined in the FHA and/or ADA. Although the definition of disability is subject to judicial interpretation, for purposes of this section the disabled and/or handicapped individual must show:
   1. A physical or mental impairment which substantially limits one (1) or more major life activities;
   2. A record of having such impairment; or
   3. That they are regarded as having such impairment.

(b) Whether the requested accommodation is reasonable and necessary to afford the handicapped/disabled individual an equal opportunity to use and enjoy the dwelling.

(c) Whether the requested accommodation would impose an undue financial or administrative burden on the City of Coral Springs.

(d) Whether the requested accommodation would require a fundamental alteration in the nature of the land use and zoning regulations of the City of Coral Springs

ONLY COMPLETED APPLICATIONS WITH ALL REQUIRED ACCOMPANYING DOCUMENTATION WILL BE SCHEDULED FOR CONSIDERATION.
Is Applicant the owner of the property at which the Reasonable Accommodation is requested?

Yes ☐ No ☐

If "No", provide the name and contact information of the owner of the property at which the Reasonable Accommodation is requested:

Name: __________________________________________________________

Address: _________________________________________________________
                                                      ____________________________
                                                      ____________________________
                                                      ____________________________
                                                      ____________________________
                                                      ____________________________

Telephone: ______________________________________________________

Is the Applicant the representative of the owner of the property at which the Reasonable Accommodation is requested?

Yes ☐ No ☐

Is the dwelling licensed or certified by the State of Florida? If so, please provide the type of license or certificate, the number, and attach a copy of it:

____________________________________________________________________
____________________________________________________________________

If the dwelling is not licensed or certified by the State of Florida, please explain whether the Applicant intends to have the dwelling licensed or certified by the State of Florida and provide timelines for expected licensure or certification:

____________________________________________________________________
____________________________________________________________________

Are the people who will live at the dwelling, persons with disabilities?

Yes ☐ No ☐
If you answered Yes, you must submit the Verification of Disability Status form on Page 6. If “No”, provide the name and contact information of the individual(s) for whom Reasonable Accommodation is requested below:

__________________________________________

__________________________________________

Please describe the accommodation you need. Please identify the ordinances, rules or policies you are requesting the Special Magistrate to grant a reasonable accommodation from for the dwelling (please provide the specific regulation(s)).

__________________________________________

__________________________________________

Why do you need the accommodation? In other words, why is the requested accommodation necessary in order for persons with disabilities to live in the dwelling:

__________________________________________

__________________________________________

Please provide the following information if you are requesting an accommodation in order to house more than three (3) unrelated people in a dwelling unit:

Number of residents that will live in the dwelling: _____________

Number of staff who will serve the dwelling: _____________

Anticipated number of vehicles used by residents and staff: _____

Number of off-street parking spaces available: _____________

Square footage of the dwelling: _____________

Number of bedrooms in the dwelling: _____________
For each bedroom, please state the square footage of the room (excluding closets) and the number and size of each window:

Bedroom 1: ________________________________

Bedroom 2: ________________________________

Bedroom 3: ________________________________

Bedroom 4: ________________________________

[Attach additional sheets if necessary.]

☐ If the dwelling unit is a Certified Recovery Residence, please provide the most recent proof of satisfactory fire, safety, and health inspections as required by Section 397.487(3)(m), Florida Statutes.

[Attach additional sheets if necessary.]

☐ If you have obtained a survey of the dwelling which confirms the information sworn to herein, please attach the survey to your application submittal.

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 for the residents? If so, please explain why:

________________________________________________________________________

________________________________________________________________________

If an on-site supervisor or manager is provided, please provide the following information and regularly update if there are any changes:

Name: ________________________________________________________________

Telephone: ____________________________________________________________

Email: ________________________________________________________________

☐ Please describe the plan for eviction of residents on a separate sheet of paper.
Please describe the hurricane evacuation procedures on a separate sheet of paper.

Expiration:

Approvals for Reasonable Accommodations shall expire within one hundred eighty (180) calendar days if not implemented.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION ON THIS APPLICATION THAT MY APPLICATION SHALL BECOME NULL AND VOID.

Signature: ___________________________________________
Name: ____________________________________________
Date: ____________________________________________
Verification of Disability Status

This form must be completed by someone with personal knowledge about the individuals’ disabilities.

The City of Coral Springs respects individuals’ privacy. We will verify disability status, but will not inquire into the nature or severity of a disability. Nor will we ask to see a person’s medical records. We will limit our disability inquiry to requiring the Applicant to verify the disability status of individuals for purposes of State and federal law. Please note that the Community Development Division of the City of Coral Springs is not a Covered Entity covered under the Health Insurance Portability and Accountability Act of 1996 and information which may be considered Protected Health Information may lose those protections when submitted to the City for this verification process and thus may be subject to re-disclosure under Florida Public Records Law.

Definitions:

Federal law provides that “persons with disabilities” are persons who: (1) have any “physical or mental impairment” that substantially limits one or more “major life activities”; (2) have a record of having the impairment; or (3) are regarded by others as having the impairment.

A “major life activity” is any task central to most people’s daily lives, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

A “physical or mental impairment” includes, but is not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. Anyone with a history of an impairment that limits a major life activity is also a person with disabilities.

Verification:

To the best of my knowledge, information, and belief, the person(s) who occupy (or who will occupy) the dwelling that is subject to the above request for reasonable accommodation _____ do _____ do not meet the definition of “persons with disabilities.” I am in a position to know about the person(s)’ disabilities because:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
(For example, are you a medical or social services professional, part of a peer support group that serves the person(s), or someone who resides with the person(s)?)

Note: As discussed above, Do NOT reveal the nature or severity of the persons’ disabilities or any other information that such persons intends to remain confidential.

I affirm under penalty of perjury that the information provided in this application is true and accurate:

Signature: __________________________
Name: ______________________________
Date: _______________________________
Address: ___________________________
Telephone: _________________________
This is to certify that I am the owner of the subject property described in the REASONABLE ACCOMMODATION REQUEST. I have read this petition and the statements contained herein are true and correct to the best of my knowledge.

Signature of Property Owner

Print Name

Phone

Address

As Owner, I authorize_________________________ to act as my agent in this matter.

Print Name, Address & Phone Number of Representative, if applicable: __________

____________________________________
Sworn and subscribed before me, this _____ day of ________________, 20__.

Notary Public:

My Commission Expires: ________________

_____ PERSONALLY KNOWN

_____ PRODUCED IDENTIFICATION

TYPE OF ID: __________________________________________

_____ DID TAKE AN OATH

_____ DID NOT TAKE AN OATH

TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT DIVISION

ACCEPTED BY PETITION # DATE