



**City of Redlands**  
**Application for Reasonable Accommodation for**  
**Persons with Disabilities**

Development Services Department, Planning Division  
210 E. Citrus Avenue  
Redlands, California 92373  
Voice (909) 798-7555 • Fax (909) 792-8715

Name of Applicant \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Assessor's Book, Page, and Parcel No.: \_\_\_\_\_

Zoning code, law, regulation, procedure or policy of the City from which relief is sought:

\_\_\_\_\_  
\_\_\_\_\_

Explanation of why the code, law, regulation, procedure or policy is preventing or will prevent the applicant's use and enjoyment of the subject property: \_\_\_\_\_

\_\_\_\_\_

Type of accommodation requested: \_\_\_\_\_

\_\_\_\_\_

Attach a copy of site plan, (drawn to scale), or illustrative drawing showing the proposed accommodation.

Basis for the claim (applicant shall submit a letter from a medical doctor, handicap license, or other similar supportive evidence). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Accepting Application

**IMPORTANT NOTICE**  
**READ CAREFULLY**

NO PROCESSING OF THIS APPLICATION WILL BEGIN UNTIL THE FOLLOWING STATEMENT HAS BEEN COMPLETED TO THE SATISFACTION OF THE COMMUNITY DEVELOPMENT DEPARTMENT.

**I CERTIFY UNDER PENALTY OF PERJURY THAT I AM (check one) AND THE FOREGOING IS TRUE AND CORRECT:**

- \_\_\_\_\_ 1. THE LEGAL OWNER(S) (all individual owners must sign as their names appear on the deed to the land).
- \_\_\_\_\_ 2. CORPORATE OFFICER(S) EMPOWERED TO SIGN FOR THE CORPORATION.
- \_\_\_\_\_ 3. OWNER'S LEGAL AGENT HAVING POWER OF ATTORNEY FOR THIS ACTION (a notarized Power of Attorney document must accompany the application form).

**SIGNATURE(S)**

**DATE**

_____	_____
_____	_____
_____	_____
_____	_____