



**CITY OF REDLANDS**  
**APPLICATION FOR REASONABLE ACCOMMODATION**

Development Services Department, Planning Division  
35 Cajon Street, Suite 20 / Mailing: P.O. Box 3005  
Redlands, CA 92373  
(909) 798-7555 option 2

PERMIT NUMBER: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Assessor's Parcel Number(s): \_\_\_\_\_

Name of Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

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 being requested: \_\_\_\_\_

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

Basis for the claim (applicant shall submit a letter from a medical doctor, disabled person parking placard, or other similar supportive evidence): \_\_\_\_\_

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

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature

**IMPORTANT NOTICE**

PROCESSING OF THIS APPLICATION WILL NOT BEGIN UNTIL THE FOLLOWING STATEMENT HAS BEEN COMPLETED TO THE SATISFACTION OF THE DEVELOPMENT SERVICES DEPARTMENT.

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

- 1. THE LEGAL OWNER(S) (all individual owners must sign as their names as they 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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **APPLICATION REQUIREMENTS**

- 1) Completed and signed Application Form, with property owner's signature.
- 2) One (1) Site Plan or illustrative drawing showing the proposed accommodation being requested. The Site Plan shall be legible, drawn to scale (scale shall be indicated on the plan), and printed on paper not less than 8.5" by 11" size.
- 3) Supportive Evidence such as a letter from a medical doctor, copy of a disabled person parking placard or plate issued by California DMV, or other similar evidence as the basis for the claim.
- 4) Payment of any applicable application filing fee as established by the City Council. Refer to the current fee schedule for filing fee information.

### **IF THE APPLICATION WILL BE REFERRED TO THE MINOR PERMIT EXCEPTION COMMITTEE FOR A DECISION:**

- 5) One 300-foot radius map for the subject property, list of all Property Owners within the 300-foot radius, two (2) sets of self-adhesive mailing labels, and a completed/notarized Letter of Certification (see form on next page) by the preparer of the list and mailing labels.

**CITY OF REDLANDS  
DEVELOPMENT SERVICES DEPARTMENT  
PLANNING DIVISION**

**LETTER OF CERTIFICATION\***

State of California  
County of San Bernardino  
City of Redlands

I, \_\_\_\_\_, hereby certify that attached list contains the names and addresses of all persons to whom all property is assessed as they appear on the latest available assessment roll of the County of San Bernardino within the area described and for a distance of three hundred feet (300') from the exterior boundaries of property legally described as:

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I/we certify (or declare under penalty of perjury under the laws of the State of California) that the foregoing is true and correct.

**Name:**

**Signature:** \_\_\_\_\_ **Date:**

State of California, County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me

on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_

Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: \_\_\_\_\_

**\* This form is to be completed by the person or firm preparing the required three hundred foot (300') radius map, list of property owners, and property owner mailing labels.**