COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

Reasonable Accommodation Request

The Reasonable Accommodation Request is used to provide for a modification or exception to the rules, standards and practices that apply to the development and use of housing or housing-related facilities regulated by this Development Code that would eliminate regulatory barriers and provide an individual with a disability equal opportunity to housing of their choice. This applies only to those individuals who qualify as disabled under the Federal Fair Housing Act and the California's Fair Employment and Housing Act (the Acts) or an entity acting on behalf of such individuals.

THIS PACKAGE CONTAINS

- ✓ **SUBMITTAL REQUIREMENTS**
- ✓ **APPLICATION FORM**

AND, IF ✓'D, ALSO CONTAINS

- ☐ **AGREEMENT FOR PAYMENT OF PROCESSING FEES**
  Click to download Agreement to Pay form

South County Office
123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030

North County Office
624 W. Foster Road, Suite C
Santa Maria, CA 93455
Phone: (805) 934-6250
Fax: (805) 934-6258

P&D Website: www.countyofsb.org/plndev/

SUBMITTAL REQUIREMENTS

___ 1 Copy of Application

___ Disclosure of the disability (as defined under Federal and State law) of the individual or group of individuals seeking the Accommodation(s)

___ Verification by the disabled individual(s) that the property is or will be the primary residence of the individual(s) for whom the accommodation is requested (i.e., copy of owner's Property Tax Exemption or a signed affidavit stipulating that the disabled individual(s) resides or will reside on the property).

___ 1 Authorization from owner (i.e., owner's signature on application or Agent Authorization) if applicant (individual requesting accommodation) does not own the subject property.

Click to download Agent Authorization form

___ 1 Agreement to Pay Form

Click to download Agreement to Pay form

___ 1 Check payable to Planning & Development

PLANNING & DEVELOPMENT
PERMIT APPLICATION

PROJECT DATA

SITE ADDRESS: _____

ASSESSOR PARCEL NUMBER: _____

PARCEL SIZE (acres/sq.ft.): Gross _____ Net _____

PROJECT NAME: _____

DID YOU HAVE A PRE-APPLICATION? ☐No ☐Yes If yes, who was the planner? _____

PROJECT DESCRIPTION SUMMARY: _____

1. **Financially Responsible Person:**_____ Phone:_____
(for this project)
Mailing Address:_____
Street City State ZIP

2. **Owner:**_____ Phone:_____FAX:_____
Mailing Address:_____E-mail:_____
Street City State Zip

3. **Agent:**_____Phone: _____FAX:_____
Mailing Address:_____E-mail:_____
Street City State Zip

4. **Arch./Designer:** _____Phone: _____FAX:_____
Mailing Address: _____State/Reg Lic#_____
Street City State ZIP

5. **Engineer/Surveyor:**_____Phone:_____FAX:_____
Mailing Address: _____State/Reg Lic#_____
Street City State ZIP

6. **Contractor:**_____ Phone: _____FAX:_____
Mailing Address:_____State/Reg Lic# _____
Street City State ZIP

7. **Soils Lab:** _____ Phone: _____ Reg._____
Mailing Address:_____State/Reg Lic# _____
Street City State ZIP

COUNTY USE ONLY

Case No.: _____ Submittal Date: _____

Supervisorial District: _____ Date Accepted for Processing: _____

Applicable Zoning Ord.: _____ Companion Case No(s).: _____

Project Planner: _____ Project Name: _____

Attach additional sheets if necessary.

I. PROJECT DESCRIPTION: Please use the space below or type on a separate sheet and attach to the front of your application a complete project description. The following information must be included in the description:

1. Detailed description of proposed improvement(s) requiring accommodation.

2. The regulation or procedure from which accommodation is being requested.

3. An explanation of why the reasonable accommodation is necessary to make the specific property accessible to the individual(s) with the disability.

4. The basis for the claim that the individual (or group of individuals, if application is made by an entity acting on behalf of a person or persons with disabilities) is considered disabled under the Federal Fair Housing Act and the California's Fair Employment and Housing Act (the Acts).

II. CERTIFICATION OF ACCURACY AND COMPLETENESS

Signatures must be completed for each line. If one or more of the parties are the same, please re-sign the applicable line.

Applicant's signature authorizes County staff to enter the property described above for the purposes of inspection.

I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.

Signature Print Name Firm Date

Print name and sign - Preparer of this form Date

Print name and sign - Applicant Date

Print name and sign - Agent Date

Print name and sign - Landowner Date