



## Application for Request for Reasonable Accommodation

101 East Lake Street, Petoskey, Michigan 49770 • 231 347-2500 • 231 348-0350

**PLEASE NOTE: If you need assistance completing this request form, the Office of City Planner will assist you.**

### Attachment to Application for Accommodation – All Types

**If you are applying for a reasonable accommodation special exception, you must complete this form.** The Zoning Board of Appeals may not grant approval for reasonable accommodation request unless it determines that a rule, regulation, or policy is a barrier to a person with a disability from the reasonable use and enjoyment of the property. In order for the Board to make a determination, please provide complete responses to the following; additional sheets may be attached.

**1. Identify and explain the regulation that is a barrier to fair housing opportunities for the identified individual.**

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**2. Describe in detail proposed changes to the property, structure or use required to remove barriers or allow the individual(s) with a disability to live in and have reasonable ability to enjoy the dwelling and premises.**

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**3. Since this accommodation is for a disabled individual, or group of individuals, not a property, do you intend that the property will be returned to compliance when the occupancy changes. If so, how?**

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**4. List or describe any alternatives that have been or could be explored.**

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**5. Do you believe the request would not require a fundamental alteration in the nature of the City's zoning ordinance or Master Plan? If so, please explain in detail.**

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**6. Do you believe your request will not cause financial or administrative burden to the City? If so, please explain in detail.**

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**Attachment to Application for Accommodation – Recovery Residence**

**If you are applying for any request for a reasonable accommodation for a recovery residence, you must complete this form.** The Zoning Board of Appeals may not grant approval unless you demonstrate that you have provided evidence that you meet the criteria establishing a disability, and other sections of the ordinance. To help the Zoning Board determine whether you are eligible for a special exception, please answer all of the following; additional sheets may be attached

**1. Provide evidence that the recovery residence is state licensed as a Substance Use Disorder facility. Attach copies of a license.**

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**2. Is the recovery residence a certified member of an established entity that conducts its own inspections and has its own standards for the benefit of the occupants, e.g. CARF International, National Alliance for Recovery Residents (NARR) or any equivalent entity having similar requirement for membership? If not, why not? Or, attach evidence of membership.**

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**3. Provide a map evidencing that the property is not within 400’ of another property granted accommodation or a similar type recovery residence for use by 4 or more unrelated persons under this section. List addresses.**

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**4. Explain how the requested reasonable accommodation will benefit the residents.**

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**5. Provide evidence that the property will be managed by a person living on site.**

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**Attachment to Accommodation Application  
CONFIDENTIAL INFORMATION**

**Applicant name** \_\_\_\_\_

**Name of person with disability** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Describe disability (attach documentation)** \_\_\_\_\_

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

**Describe in detail how the request is necessary for the individual(s) with the disability to use and enjoy the dwelling:** \_\_\_\_\_

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