



Application No. \_\_\_\_\_

**CITY OF SANTA MONICA – CITY PLANNING DIVISION  
REASONABLE ACCOMMODATION APPLICATION**

*Applications must be submitted by appointment at the City Planning public counter, Room 111 at City Hall, located at 1685 Main Street, Santa Monica, CA 90401. To schedule an appointment or if you have any questions completing this application please call City Planning at (310) 458-8341.*

**GENERAL INFORMATION**

**PROJECT ADDRESS:** \_\_\_\_\_

**APPLICANT** *(Note: All correspondences will be sent to the contact person)*

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CONTACT PERSON** *(if different)*

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

**PROPERTY OWNER**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DETAILED DESCRIPTION OF REQUESTED ACCOMMODATION:**

Describe the current use of the property. Include the need that will be addressed by the requested accommodation, the Zoning Code provision, regulation, or policy from which the accommodation is being requested and what purpose the accommodation will serve in supporting a disabled person. *(Attach additional sheets as necessary to fully describe the proposed project.)*

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

*I hereby certify that I am the owner of the subject property and that I have reviewed the subject application and authorize the contact person, if applicable, to make decisions that may affect my property as it pertains to this application.*

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

*This part to be completed by City staff*

Received By: \_\_\_\_\_

Date Submitted: \_\_\_\_\_