



CITY OF WILDOMAR
APPLICATION FOR REASONABLE ACCOMODATION
(CHAPTER 17.295, WILDOMAR MUNICIPAL CODE)

Applicant Name _____

Project Address _____

A.P.N. Number _____

Owner Name _____

Owner Address _____

Request _____

I have read section 17.295 Reasonable Accomodations of the City of Wildomar's Municipal Code and agree to abide by the regulations and restrictions listed under section 17.295.

Applicant Name (Print): _____

Applicant Signature: _____ **Date:** _____

The answers to the following findings must be full and complete statements:

Reasonable accommodation may be approved only if all five findings are made and justification for making each finding is specifically cited. Please attach all supporting documentation as required by Chapter 17.295.

1. The requested accommodation is requested by or on the behalf of one or more disabled persons protected under the Acts.

2. The requested accommodation is necessary to provide one or more disabled persons an equal opportunity to use and enjoy a dwelling.

3. That the requested reasonable accommodation will not impose an undue financial or administrative burden on the City:

4. That the requested accommodation will not require a fundamental alteration of the zoning & building laws, policies and/or procedures of the City:

5. The requested accommodation will not, under the specific facts of the case, result in a direct threat to the health or safety of other individuals or substantial physical damage to the property of others:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

STATE OF CALIFORNIA

COUNTY OF _____

On _____, _____ before me, _____, personally appeared _____, proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form

CAPACITY CLAIMED BY SIGNER	DESCRIPTION OF ATTACHED DOCUMENT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATE OFFICER _____ TITLE(S)	_____ TITLE OR TYPE OF DOCUMENT
<input type="checkbox"/> PARTNER(S) <input type="checkbox"/> LIMITED <input type="checkbox"/> GENERAL <input type="checkbox"/> ATTORNEY-IN-FACT <input type="checkbox"/> TRUSTEE(S) <input type="checkbox"/> GUARDIAN/CONSERVATOR <input type="checkbox"/> OTHER _____	_____ NUMBER OF PAGES
_____ _____	_____ DATE OF DOCUMENT

SIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(IES))

SIGNER(S) OTHER THAN NAMED ABOVE