



City of Philadelphia

REASONABLE ACCOMMODATION REQUEST

NOTE: In accordance with the Federal Fair Housing Amendments Act (FFHAA) and Americans with Disabilities Act (ADA), the City of Philadelphia does not discriminate on the basis of disability with respect to policies on housing or license and permit issuance. Permits need not be issued to individuals whose occupancy would constitute a direct threat to themselves or to the health and safety of others, or whose occupancy would result in substantial physical damage to the property of others.

INSTRUCTIONS: Applicants requesting FFHAA and ADA accommodations to City of Philadelphia codes or procedures must complete the following information in full. Please print clearly or type all written answers; use additional paper if necessary. Provide copies of all relevant permit applications, refusals, and building plans, as well as copies of any county, state or federal licenses required for the proposed use / structure of the property. Additionally, provide an affidavit form the property owner documenting specific disabilities.

Name of applicant: _____
Applicant Address: _____
Email: _____ Phone #: _____
Location of Property: _____

Describe the proposed use of the building that would entitle the applicant to seek accommodation under the FFHAA or ADA:

Check any code accommodations requested: Building Zoning Other: _____
Specify any requested code accommodation and describe why it is necessary:

Specify any accommodation requested to administrative policies or practices and describe why it is necessary: _____

Explain why the requested accommodation would not pose a direct threat to the health or safety of:
1) Occupants or 2) Neighbors, and describe any measures taken to mitigate health / safety threats:

1. _____

2. _____

Is a county, state, or federal license required to operate this property? Yes No
a. If "yes", attach a copy of the applicable license or license application.

Will the property be subject to inspection by an outside agency? Yes No
a. If "yes", complete the following:
Name of agency: _____
Address: _____ Phone #: _____

Are any alterations planned to the property? Yes No

Will the property have a parking lot? Yes No

Will the property be identified by a name or sign? Yes No

Will the property contain a staff office? Yes No

Will the property contain separate restrooms for staff and occupants? Yes No

Describe the professional services to be offered on the premises: _____

Proposed number of occupants on the property: Adults _____ Children _____
Proposed number of staff members on the property (if applicable): Total Staff _____ Staff per shift _____
Will there be security measures put into place? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If "yes", describe what kind: _____ _____ _____
Will all occupants be capable of recognizing a fire alarm and evacuating without personal assistance in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any fire protection equipment and/or detection devices in place: _____ _____ _____
Have any neighborhood organizations been contacted regarding this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
If neighbors have immediate concerns regarding occupants or the operation of the facility, who will be available on a daily basis to respond? Name: _____ Phone #: _____
To what corporate or private oversight agency do neighbors direct general concerns? Name of Agency: _____ Phone #: _____
Attach copies of all relevant Licenses and Inspections permit applications, refusals and building plans.
Signature of Applicant: _____ Date: _____