

REQUEST FOR REASONABLE ACCOMMODATION FOR A SOBER HOUSE

Department of Safety and Inspections Zoning Division 375 Jackson Street, Suite 220 Saint Paul, MN 55101 Ph: (651) 266–9008

Zoning Office Use Only		
File #:		
Fee:		
Zoning Staff:		
Date Received:		

MINNESOIA	Saint Paul, MN ! Ph: (651) 266-9		Date Received:		
Facility	Namo				
Operator's	Email Address				
Information (Applicant)					
	Address				
	City	StZIP	Phone		
	House Manage	r (if different)	Phone		
		nade under provisions of Sec. 60. e under Sec. 65.161 by requestin	110 of the Zoning Code for Reasonable g:		
	ommodation is wa		y for the city to determine whether a the questions below and attach the		
Floor plan withCopy of houseExplanation of	rules how the propose	beds in each room, and location	of windows and doors persons with a disability, and why the		
		f residents proposed to occupy t nan one unit, specify the number	he facility: of units and the number of residents in each		
Housing Act Ame	endments of 1988	and willingly subject themselves	considered handicapped under the Federal Fair to written house rules and conditions, f prescribed medication)?		
			like kitchens, bathrooms, and other common ction as a cohesive household?		
4. Will the prope	rty owner receive	operating revenue from governn	nent sources?		
mental health se	rvices, clinical reh ancial manageme	abilitation services, social service	rvices (excluding house meetings), such as is, medical, dental, nutritional and other health onal services, or other similar supportive		
lf vou are a rel	igious institution. vou	may haye certain rights under RLUIPA. Pl	ease check this box if you identify as a religious institution.		

I certify that the above information is true and correct to the best of my knowledge.

Αn	plicant's Signature_	Date