



CITY OF PACIFICA REASONABLE ACCOMMODATION REQUEST

TO BE COMPLETED BY THE APPLICANT – PLEASE TYPE OR PRINT IN INK

Please contact the Pacifica Planning Department by phone at (650) 738-7341 or by email at permittech@pacificagov if you need assistance filling out this request.

Name of Applicant:

Telephone #:

Email:

Mailing Address:

City:

State:

Zip:

Street Address Where Accommodation is Requested:

Describe the accommodation you are requesting and the specific regulation(s) and/or procedure(s) from which the accommodation is sought. Please detail whether the request is temporary or permanent:

Provide the reason why the reasonable accommodation may be necessary for you, or the individuals seeking the specific housing, to use and enjoy the housing. You are not required to state the nature of your disability.

Please attach any documents that will support your request for reasonable accommodation and would assist the Planning Department in considering your request. Any information identified as confidential shall be retained in a manner so as to respect the privacy rights of the requestor and shall not be made available for public inspection, unless required by law.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Submit the completed form to the Planning Department, 540 Crespi Drive, Pacifica, CA 94044, or by email to permittech@pacificagov. Pursuant to Pacifica Municipal Code Sec. 9-4.5106, there shall be no fee for the first eight hours of City staff time processing a reasonable accommodation request. Fees for staff time in excess of this allowance, or for costs associated with other studies required pursuant to a request, shall be charged in accordance with the hourly rate as set forth in the fee schedule, as adopted by City Council, and shall require a deposit submitted by the requestor. A requestor may seek a reasonable accommodation for payment of fees in excess of the eight hour allowance.