



Community Development Department Planning Division

Project Address:

Date:

Planner:
accepting application

For Applicant's Use	For Staff Use	Reasonable Accommodation Application Checklist	
		Please note: Your project planner may require additional information depending on the specifics of your project.	Requirements
		Application Form	Yes
		Project Summary Sheet	Yes
		Basis and Evidence for Claim <ul style="list-style-type: none"> • Letter from Medical Doctor/Licensed Healthcare Professional • Handicapped License • Other appropriate evidence 	Yes
		Written Statement Describing Request	Yes
		Title Report	Yes (may be waived for additions to existing buildings)
		Environmental Checklist	Yes
For the following items, see <u>Submittal Standards</u> sheet			
		Site Plan	5 sets
		Floor Plan	5 sets
		Elevations and Architectural Plans	5 sets
		Building Materials and Color Sample Board	1 set
		Photographs	1 set printed and 1 set electronic