It is the policy of Utah County to provide individuals with handicaps or disabilities reasonable accommodation in rules, policies, practices and procedures to achieve equal access to housing and facilitate the development of equal housing opportunities for individuals with disabilities. The purpose of Section 8.40 of the Utah County Land Use Ordinance is to implement part of the County's Housing Element in its General Plan and to provide a procedure for individuals with disabilities to request reasonable accommodations, consistent with the federal Fair Housing Amendments Act of 1988, the Utah Fair Housing Act, the Americans with Disabilities Act and the Rehabilitation Act, as those Acts are amended from time to time (herein collectively the “Acts”). The sole intent of this Section is to ensure that individuals with disabilities have an equal opportunity to use and enjoy housing by allowing an accommodation or accommodations with respect to certain County regulations, policies, procedures, and standards if said accommodation or accommodations are both reasonable and necessary to provide such equal opportunity without compromising the County’s commitment to protecting community character.

**Please note:** This process does not exempt an applicant from meeting all applicable adopted building, health, and fire-safety codes and requirements.

**Procedure**

1. The "Application For Reasonable Accommodation” must be obtained from the Community Development Department and completed.

2. The Reviewing Authority shall review the application using the criteria set for in Section 8.40-G of the Utah County Land Use Ordinance.

3. The Reviewing Authority shall issue a written decision on the request for reasonable accommodation within thirty (30) days of the date of a complete application and may either grant, grant with modifications, or deny the request in accordance with the required findings set forth in Section 8.40-G of the Utah County Land Use Ordinance.

4. If necessary to reach a determination on the request for reasonable accommodation, the Reviewing Authority may request further information from the applicant consistent with the Acts, specifying in detail the information that is required. In the event that a request for additional information is made, the thirty (30) day period to issue a decision is stayed until the applicant responds to the request.

5. Any appeal regarding a decision made by the Reviewing Authority must follow the procedures outlined in Section 8.40-M of the Utah County Land Use Ordinance.
**APPLICATION FOR REASONABLE ACCOMMODATION**

*(All application fees are non-refundable)*

<table>
<thead>
<tr>
<th>Please Check Applicable Statement:</th>
<th>Section _____Township _____ Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ I own the subject property</td>
<td>Application Taken By</td>
</tr>
<tr>
<td>____ This application is permitted by the owner of the subject property</td>
<td>Date ___________</td>
</tr>
</tbody>
</table>
| (Written permission must be provided) | Fee Paid $200.00 Receipt ___________

Required Documentation: Section 8.40 of the Utah County Land Use Ordinance states that an application for reasonable accommodation shall contain the required evidence. Please include documentation to support the following evidence:

1. Evidence showing the requested accommodation will not impose an undue financial or administrative burden on the County;
2. Evidence showing the requested accommodation will not require a fundamental alteration in the nature of the land use and zoning programs of the County;
3. Verifiable documentation of the applicant’s disability status;
4. **If not the owner of the subject property**, evidence the applicant has written permission of the owner or owners to make this application;
5. Site plan showing all existing and proposed uses and structures on the subject property.

Applicant’s Name:_________________________ Date:_________________

Mailing Address:____________________________ City __________ State ______ Zip_______

Phone:__________________________________ Cell Phone:_____________________

Email:___________________________________

Property Owner’s Name (if different from applicant):_____________________________________

**Refund Information:** If this application fee, or any portion of the application fee is to be refunded, please indicate Name and Mailing Address where refund may be sent.

Name:____________________________________

Mailing Address:____________________________ City __________ State ______ Zip_______

*(Attach additional sheets and all documents to application)*
1. **Property Information:**
   a. Legal description of subject property: ______________________________________
      _______________________________________________________________________
      _____________________________________________________________
   b. Utah County Tax Serial Number:__________________________________________
   c. Description of the current use of the subject property:
      _______________________________________________________________________
      _______________________________________________________________________
      _____________________________________________________________

2. **Request for Accommodation:**
   a. Specific requirements of Utah County Land Use Ordinance, or other regulations, policies, procedures, and/or standards that are requested to be waived or modified: __________ 
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
   b. Statement setting forth the basis for, and necessity of, the request for reasonable accommodation, including verifiable documentation of disability status (please provide supporting documentation): __________________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________

3. **Impacts:**
   a. Evidence showing the requested accommodation will not impose an undue financial or administrative burden on the County (please provide supporting documentation):
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
b. Evidence showing the requested accommodation will not require a fundamental alteration in the nature of the land use and zoning programs of the County (please provide supporting documentation): _______________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

4. **Other Information:**
   a. Please list any proposed alterations to the subject property associated with this request:
      ______________________________________
      ______________________________________
      ______________________________________

   b. Are all other applicable standards stated in Chapter 8 (Supplementary Requirements) and Chapter 12 (Regulations Within Zones) of the Utah County Land Use Ordinance met by this application? ______Yes ______No. If yes, explain how standard is met: __________
      ______________________________________
      ______________________________________
      ______________________________________
      ______________________________________
      ______________________________________

**Note:** The Reviewing Authority may request additional information as it deems reasonably necessary where such request is consistent with the Acts and the privacy rights of individual with a disability.
To the best of my knowledge the above information is accurate and complete. By signing below, I attest the above required documentation is or will be provided for review by the Reviewing Authority and that the Reviewing Authority will not make a finding relative to my application or deny my application if the above requirements have not been met.

_______________________________________
Signature of Applicant