

**City of Fort Payne
Inspections and Zoning Department
100 Alabama Ave. NW
Fort Payne, AL 35967**

Email: inspections@fortpayne.org

Telephone: (256) 845-5180

APPLICATION FOR REQUEST FOR REASONABLE ACCOMMODATION

If you need assistance in completing this request form, or if you have any questions about this form, please contact the Permit Clerk or Secretary at the City of Fort Payne's Inspections and Zoning Department for assistance. This form should be returned directly to the offices of the Inspections and Zoning Department which are located on the second floor of City Hall.

All reasonable accommodation requests will be reviewed and processed by the Zoning Administrator of the City of Fort Payne's Inspections and Zoning Department.

The Inspections and Zoning Department will provide requestors with written acknowledgement of receipt of this application for reasonable accommodation within ten (10) days following the date of submission.

The Inspections and Zoning Department will approve or deny this reasonable accommodation request within twenty (20) days of receipt of this application and will provide written notice of its decision to requestors. If the Inspections and Zoning Department denies this request, it shall include an explanation of the basis for such denial in this written notification.

There are no fees or costs associated with the filing of this application.

1. Name of Applicant(s):

Telephone Number:

2. Address:

3. Address at which accommodation is requested:

4. Please briefly describe your medical condition and the reason(s) why you are requesting an accommodation.

5. Describe the accommodation(s) you are requesting, and the City of Fort Payne zoning, land use, or code requirement(s) from which the accommodation or modification is sought.

6. Give the reason(s) that the reasonable accommodation may be necessary for you, or the individual(s) seeking the housing accommodation, to use and enjoy the housing.

7. If we have questions about your request for reasonable accommodation and you would like us to contact someone assisting you with this request, instead of you, please give us that person's name, address, and telephone number.

Signature of Applicant(s):

Date:

PLEASE ATTACH ANY DOCUMENTATION THAT YOU BELIEVE SUPPORTS YOUR NEED FOR THE REQUESTED REASONABLE ACCOMMODATION AND THAT MAY ASSIST US IN CONSIDERING YOUR REQUEST.