

**REQUEST FOR REASONABLE ACCOMMODATION
CERTIFIED RECOVERY RESIDENCE**
Pursuant to LDC section 9.05.00 and F.S.397.487

TYPE OF REQUEST (CHECK ONE): ☐ Housing, or ☐ Other Location of Reasonable Accommodation

Applicant Contact Information

Name of Property Owner: _____
Name of Applicant: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ E-Mail Address: _____

Applicant's Representative Contact Information, if Applicable

Name of Representative: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ E-Mail Address: _____

Name of Certified Recovery Residence Administrator: _____
Phone: _____ E-Mail Address: _____

Housing or Location of Reasonable Accommodation

Address: _____ City: _____ State: _____ ZIP: _____
Property I.D. Number: _____ Zoning District: _____

Description of the Accommodation, Specific Regulation(s) and/or Procedures

If space is inadequate, attach on separate page.

Proof of Eligibility per LDC Section 9.05.00.E.2

If space is inadequate, attach on separate page.

Demonstrate Accommodation Request is Both Reasonable and Necessary

Provide pursuant to LDC subsection 9.05.00 E, if space is inadequate, attach on separate page.

1. Therapeutic necessity.

2. Fundamental alteration:

3. Undue financial or administrative burden.

4. Over-concentration of recovery residences.

5. Economic viability.

The County Manager, or designee shall render a recommendation to the Board of County Commissioners within 30 days of receipt of the request, unless additional information is requested from the certified recovery residence or an extension of time is granted. Failure to provide requested information within thirty (30) days of the County's request may result in the application being deemed abandoned or withdrawn. The applicant shall attend the Board of County Commissioners ("Board") or Hearing Examiner's ("HEX") public meeting to discuss the request for the need for a reasonable accommodation. The County shall inform the applicant in writing of the date and time of the meeting at least ten (10) days prior to said meeting. Notwithstanding LDC Section 9.05.00 D.2, the County shall issue a written determination of the Board's or HEX's decision within sixty (60) days of the date of receipt of a completed application.

Optional Extension of Time Limits: ☐ Yes, or ☐ No

The applicant hereby elects to extend the time limits stated under F.S. 397.487(15)(b)(4) and (5) by an additional 60 days, to provide the County with adequate time to review additional information provided, to coordinate and schedule the request for hearing with the applicant, and prepare the final written determination.

Signatures

Certified Recovery Residence
Signature of Operator- and/or

Date

Certified Recovery Residence
Signature of Administrator

Date

UNDER PENALTIES OF PERJURY, AND PURSUANT TO FLORIDA STATUTES SECTION 92.525, I DECLARE THAT I HAVE READ THE PROVISIONS OF LDC SECTION 9.05.00, THE FOREGOING REQUEST AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant or Authorized Representative

Date

Requests for Reasonable Accommodation Certified Recovery Residence must be addressed to:

Michael Bosi, Planning and Zoning Director
Growth Management Community Development Department
Planning and Zoning Division
2800 North Horseshoe Drive
Naples, FL 34104