



CITY OF GARDEN GROVE
PLANNING SERVICES DIVISION
11222 ACACIA PARKWAY
GARDEN GROVE, CA 92840
TEL: (714) 741-5312 FAX: (714) 741-5578
GGCITY.ORG

REASONABLE ACCOMMODATION REQUESTS AND PROCEDURES

PURPOSE:

In accordance with state and federal law, the City of Garden Grove ("City") provides reasonable accommodations to the strict application of the City's zoning and land use regulations, policies or procedures in order to provide an individual with a disability an equal opportunity to use and enjoy a dwelling, approval of a reasonable accommodation request shall be required. Reasonable accommodation requests are reviewed and approved in accordance with the procedures and standards provided in Section 9.32.030.D.15 of Title 9 the Garden Grove Municipal Code ("GGMC").

Attached is a form that can be used to submit a reasonable accommodation request. Reasonable accommodation requests may be submitted to the City in-person, via email or U.S. mail.

Requests for assistance in completing a request form, may be submitted to the City in-person, via email or U.S. mail, or by telephone.

Garden Grove City Hall – 1 st Floor Attn: Planning Services Division 11222 Acacia Parkway Garden Grove, CA 92840	Telephone (714) 741-5312 Email: planning@ggcity.org
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City Hall is open to the public as follows:

- Monday - Thursday 7:30 a.m. to 5:30 p.m.
- Alternating Open Fridays: 7:30 a.m. to 5:00 p.m.
- Closed Alternating Fridays



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Office Use Only
Received By: _____
Date Submitted: _____

REASONABLE ACCOMMODATION REQUEST FORM

Complete this form, including Section A, and submit the required documentation identified in Section B.

NOTE: If you need help completing this form, please contact City staff for assistance. Please note that the law requires the reasonable accommodation process to be "iterative" and "interactive." The City may request additional information relevant to the findings that the City must make to grant a request pursuant to Section 9.32.030.D.15.d of the Garden Grove Municipal Code.

PROPERTY OWNER INFORMATION:
Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone No.: _____
E-mail: _____

APPLICANT INFORMATION (IF NOT SOLE PROPERTY OWNER):
Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone No.: _____
E-mail: _____

REPRESENTATIVE TO CONTACT FOR QUESTIONS ABOUT REQUEST FOR REASONABLE ACCOMMODATION (IF DIFFERENT FROM APPLICANT)
Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone No.: _____
E-mail: _____

ADDRESS OF HOUSING CORRESPONDING TO REQUESTED ACCOMMODATION:
Address: _____
City, State, Zip Code: _____

SIGNATURES/ACKNOWLEDGEMENT: I hereby certify that all information contained in this Application and all plans and materials required to be submitted to the City is, to the best of my knowledge, true and correct.

Property Owner Date

Applicant Date

REASONABLE ACCOMMODATION FORM

SECTION A. Complete the following:

1. **List the name of the individuals(s) with a disability covered by the federal fair housing laws and other applicable laws:**

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2. **Provide a description of the accommodation requested and the specific exception, modification or relief from the Code section, policy or practice that is being requested:**

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3. **Provide a detailed explanation as to why the accommodation requested is necessary to provide the individuals(s) with a disability an equal opportunity to use and enjoy the dwelling and how it will be achieved by this request:**

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SECTION B. Submit the following with the application:

1. Provide plans and detailed information of any physical improvements to the property being proposed, including photos and supporting information or exhibits necessary to evaluate the accommodation being requested.
2. Any other information to support the request for Reasonable Accommodation that may assist the City in evaluating the request. To assist the City in expeditiously processing and evaluating the request, the applicant may, but is not required to, provide a letter from a doctor/medical professional substantiating that the individuals(s) identified in Section 1 of this form have a disability covered by the federal fair housing laws and other applicable laws and/or any other information deemed necessary to substantiate the individual's request for a reasonable accommodation. *(Any information related to a disability status and identified by an applicant as confidential shall be retained in a manner so as to respect the privacy rights of the applicant and shall not be made available for public inspection.)*