



GROUP / COMMUNITY HOMES REASONABLE ACCOMMODATION APPLICATION
COMMUNITY SERVICES

OFFICE PHONE – 972/744-4180 • INSPECTION REQUEST – 972/744-4181 • FAX – 972/744-5802

Property Address: _____

Name of Operator / Organization: _____

Nature of Operator / Organization: _____

Operator / Organization Contact Information: Name: _____ Telephone Number: _____

Address: _____ Email: _____

Licensed with the State of Texas? Y N
 (If yes, please provide copy of state license with application)

Property Owner: _____ Telephone Number (Home) _____

Email: _____ Telephone Number (Cell) _____

Address _____

State _____ Zip _____ Email _____

24 Hour on-site care provided? Y N

On Site Responsible Party(s) _____ Telephone Number (Home) _____

Email _____ Telephone Number (Cell) _____

Off Site Emergency Contact(s) _____ Telephone Number (Home) _____

Email _____ Telephone Number (Cell) _____

Total Number of Anticipated Occupants

Total Number of Employees / Caregivers: _____ Total Number of Resident Adults: _____ (19-35) _____ (36-55) _____ (56+) _____ Total Number of Resident Children (under 18 years of age): _____

Property Details

Total square footage of living space _____ Square footage of living room(s) _____ Square footage of dining room(s) _____ Number of restrooms: Full _____ Half _____

Number of sleeping room(s) _____ Square footage of each sleeping room _____ Square footage of kitchen/food preparation area _____

Any security system / alarms at the property? Y N If yes, please list _____

Total linear feet of the street frontage of the property _____ Anticipated Number of vehicles at property _____

Will there be any vehicles at the property that are not passenger vehicles? Y N

If yes, please describe _____

Is there any activity that will generate traffic or parking in greater volumes than normally expected in a residential neighborhood? Y N

If yes, please explain _____

On-site storage (Medicine, Air Tanks, Toxic or Other Hazardous Materials) Y N

If yes, please explain _____

Will the property create any condition that is offensive by reason of odor, noise, smoke, vibration, electrical interference, heat, or other issues in excess of those normally found in a residential area?

Y N If yes, please explain _____

I Hereby Certify That The Above Information Is True and Correct To The Best Of My Knowledge.

(Signature of Applicant) _____

Today's Date: _____ Move In Date: _____

Please provide a supplementary statement as to why you are seeking a reasonable accommodation from the City's Zoning and Development regulations.