



Request for Reasonable Accommodation

City of Brainerd

501 Laurel Street ♦ Brainerd, MN 56401 ♦ 218.828.2307 ♦ 218.828.2316 (fax)
www.ci.brainerd.mn.us

Applicant Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Property Information

Property Owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Property Manager: _____

Phone: _____ Cell Phone: _____

Email: _____

Request

Application is hereby made for Reasonable Accommodation by providing an exception to the City Code requirement(s) in Section(s) _____ of the City Code.

Reason for Request:

Supporting Information

The following information is necessary for the city to determine whether a reasonable accommodation is or is not warranted:

1. How does the requested accommodation benefit persons with a disability, and why is the accommodation necessary to meet their particular needs?

2. What is the maximum number of residents you propose to occupy this facility now or in the future? If the facility has more than one unit, please specify the number of units and the number of residents in each unit to be used for this use.

3. Is there a facility manager that is one of the residents of the facility and is involved in the operation of the facility?

Yes No

Alternatively, is there an operator involved in the operation of the facility but does not live in the facility?

Yes No

4. Does the facility receive financial or other support from a governmental agency?

Yes No

5. Is the facility licensed or registered with a governmental agency?

Yes No

If yes, explain:

6. How many residents will have a vehicle at the site? _____

How many off-street parking spaces are available? _____

7. If you are a religious institution, you may have certain rights under RLUIPA. Do you identify as a religious organization?

Yes

No

Other Required Application Submittals

1. Parking site plan
2. Floor plan showing the layout and specifying the number of beds in the facility
3. Any additional information to further explain any of the answers to the above questions

Applicant Acknowledgement:

I, _____, herein certify that the provided information is true, correct, and complete, to the best of my knowledge.

Signature _____

Date _____