



420 10th Street  
Post Office Box 1340  
Columbus, Georgia 31902-1340

Telephone (706) 225-4126  
Fax (706) 653-4123

**Ryan Pruett**  
Director

## Reasonable Accommodation Request Form - Zoning / Land Use

### 1. Applicant Information

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant is:

- Individual requesting accommodation
- Representative of individual (family member, caregiver, etc.)
- Property owner
- Housing provider

**2. Property Information**

Property Address: \_\_\_\_\_

Parcel ID (if known): \_\_\_\_\_

Zoning District (if known): \_\_\_\_\_

**3. Requested Accommodation**

Please describe the accommodation you are requesting (attach additional pages if needed):

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**4. UDO Provision(s) to be Modified**

Identify the specific zoning rule(s), standard(s), or requirement(s) from which you are requesting relief (if known):

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**5. Disability-Related Need**

**A. Do you or the person for whom this request is made have a disability as defined under the Fair Housing Act / ADA?**

Yes  No

**B. Please describe how the requested accommodation is necessary to afford equal use and enjoyment of the property:**

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**C. Explain the relationship between the requested accommodation and the disability (i.e., how the accommodation will address the need):**

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**6. Supporting Documentation (Optional)**

**You may provide documentation from a healthcare provider, service provider, or other knowledgeable third party to support your request only if necessary.**

- Documentation attached
- No documentation provided at this time

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**7. Alternative Accommodation (Optional)**

**If the City cannot approve your exact request, are you willing to consider an alternative?**

- Yes  No

**If yes, describe any acceptable alternatives:**

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**8. Certification**

**I certify that the information provided in this application is true and correct to the best of my knowledge.**

- **Signature:** \_\_\_\_\_
- **Printed Name:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

## **9. Submission Instructions**

**Submit this form to:**

**Director of Inspections and Code Enforcement  
Columbus Consolidated Government  
1111 1<sup>st</sup> Avenue, 3<sup>rd</sup> Floor, Columbus, GA 31906  
Or via email at [inspections@columbusga.org](mailto:inspections@columbusga.org)**