

## Clark County Comprehensive Planning Request for Reasonable Zoning Accommodation Form

- Any person with a disability may request a reasonable accommodation to the Clark County Zoning Code. A reasonable accommodation is a change to the zoning code that is necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling. A reasonable accommodation request does not require the payment of a fee.
- > Any private or medical information provided or attached to this form will be kept confidential and not made public.
- ➤ The Department of Comprehensive Planning will evaluate your request in accordance with federal law and provide you a decision within 30 business days of receiving your request.
- ➤ If necessary to reach a determination on the request, the Department may request further information consistent with fair housing laws. The 30-day period to issue a decision is stayed until you respond.
- ➤ This form can be emailed to <a href="mailto:cpadmin@clarkcountynv.gov">cpadmin@clarkcountynv.gov</a>, faxed to (702) 455-3271, or mailed to Comprehensive Planning at P.O. Box 551741, Las Vegas, NV 89155-1741. Though you may also request a reasonable accommodation orally or in a different written format, we strongly encourage you to use this form to ensure that your request is clear and contains all necessary information. Please contact Comprehensive Planning if you require assistance with completing this form.
- ➤ Grievance Procedure: if you disagree with the decision, you may request an appeal within 5 business days of your receipt of the decision and the appeal will be scheduled for a hearing before the Board of County Commissioners (Board) within 30 business days of receipt of the appeal request. The hearing will be public as required by Nevada Law, however representation at this meeting is not required. If you do attend and wish to speak when your appeal is being discussed, please know you are not required to disclose any private or medical information about your disability. Any private or medical information submitted with the Request for Reasonable Zoning Accommodation will be shared with Board in advance of the public hearing so as to safeguard the requestor's information. To request an appeal, please contact Comprehensive Planning via one of the methods listed below no specific form is required.
- ➤ For general questions about reasonable accommodations and the County's accessibility policies, please contact the Clark County Office of Diversity (the Clark County ADA Coordinator) at (702) 455-5760 or officeofdiversity@clarkcountynv.gov.

## PLEASE PRINT

NAME:			
ADDRESS:	CITY:	ZIP:	
TELEPHONE:	E-MAIL:		
Date the accommodation is	needed:		
	ation is needed:		
Identify the accommodation	you will need and at what locat	ion:	

Reason that the accom	modation may be necessary for use and enjoyment of the dwelling
Identify the related zon	ng code section(s) or policy:
Attach additional infor	nation or documentation as needed.
Signature:	Date:
DO N	OT WRITE BELOW THIS LINE - OFFICE USE ONLY
Received - Date and Ti	me:
	or (Name):
Date/Time:	Processed by: