



ST.LUCIE COUNTY  
Planning & Development Services Department  
Building & Code Regulation Division  
2300 Virginia Avenue, Ft Pierce, FL 34982  
Office: 772-462-1553 – Fax: 772-462-1578  
<http://www.stlucieco.org/planning/index.htm>

## ADMINISTRATIVE REVIEW APPLICATION FOR REASONABLE ACCOMMODATION (RA) REQUEST

I. PROPERTY LOCATION			
A. Address: _____			
City: _____		State: _____	Zip: _____
B. Parcel ID No.: _____			
II. PROPERTY INFORMATION			
C. Size (Gross Sq. Ft. of home): _____		No. of Bedrooms: _____	No. of Bathrooms: _____
D. Occupancy:			
Max # of Occupants: _____		No. of Bed(s)/Room: _____	
Max # of Employees on Site at any Time: _____			
E. Adequate Facilities:			
Water (Check One): <input type="checkbox"/> Well <input type="checkbox"/> City <input type="checkbox"/> County      Waste Water (Check One): <input type="checkbox"/> Septic <input type="checkbox"/> Sewer			
F. Parking:			
Paved Parking Spaces: _____		Garage Spaces: _____	Offsite Spaces: _____
Location of Offsite Parking: _____			
Distance from Facility: _____			
Required Attachments:			
<ul style="list-style-type: none"><li>• If proposing off-site parking, please attach shared parking agreement with off-site parking facility</li><li>• Floor Plan of structures indicating location, dimensions and use of all rooms in structure</li><li>• Size and location of any shared and/or screened outdoor amenities, such as porches, patios and gazebos</li></ul>			
III. APPLICANT / PROPERTY OWNER			
Property Owner(s): _____			
Address: _____		City	State      Zip
Phone: ( ) _____	Fax: ( ) _____	Email: _____	
Signature: _____			
Applicant: _____		Company Name: _____	
Address: _____		City	State      Zip
Phone: ( ) _____	Fax: ( ) _____	Email: _____	
Signature: _____			



**PLANNING AND DEVELOPMENT SERVICES DEPARTMENT**

Building & Code Regulation Division

To be filled out by each resident seeking Reasonable Accommodation

**REASONABLE ACCOMMODATION (RA) REQUEST FORM**  
Pursuant to the Land Development Code Section Reasonable Accommodation

**Instructions:** In addition to this form, the Owner/Applicant is required to complete the **Administrative Review Application**.

Submit the application in person along with this form to the St. Lucie County Planning & Development Services Department, Building & Code Regulation Division at 2300 Virginia Avenue, Ft. Pierce, FL 34982. In accordance with Ordinance 13-012 a disabled person has the right to confidentially when submitting medical information or records.

A disabled person is defined for the purposes of this application for Reasonable Accommodation; a disabled person is an individual that qualifies as a disabled and /or handicapped person under the FHA and / or ADA.

The County shall provide such assistance and accommodation is required pursuant to FHA and ADA in connection with a disabled person's request for Reasonable Accommodation, including assistance with reading application questions, and responding to questions related to completing application or appeal forms, among others, to ensure the process is accessible.

There shall be no fee imposed by the County for a request for reasonable accommodation or an appeal of a determination on such request, under section 7 of SLC Ordinance 13-012 and the County shall have no obligation to pay a requesting party's (or an appealing party's), as applicable, attorneys' fees or costs in connection with the request, or an appeal under the same.

1. The following is the name of the household member with a disability who needs a reasonable accommodation:

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

2. Describe the qualifying disability or handicap the household member named in item 1 is having, or might have, with their dwelling, building, property, practice, rule, policy, procedure, program or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe the type of change or assistance (reasonable accommodation) being sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe how this change or assistance will help with the disability or handicap:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that my medical information be considered confidential by St. Lucie County (**Check box if applicable**).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach additional sheets, if additional / other information is required.**