



City of Hartford
Department of Development Services
Planning Division

260 Constitution Plaza, Hartford, Connecticut 06103-1822
 Return Form to the Planning Desk Counter or Via Email
 860-757-9040 | oneplan@hartford.gov

REASONABLE ACCOMMODATION FORM

WHAT IS A “REASONABLE ACCOMODATION” AND WHO IS ELIGIBLE TO APPLY?

It is the policy of the City of Hartford to provide individuals with disabilities reasonable accommodation from the Zoning Regulations to ensure the equal access to housing and facilitate the development of housing for individuals with disabilities in compliance with the Federal Fair Housing Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (referred to herein as the “Federal Acts.”)

This application provides a procedure for making requests for reasonable accommodations from the City of Hartford’s Zoning Regulations in order to comply fully with the intent and purpose of the Federal Acts.

A request for a reasonable accommodation may be made by any person with a disability, their representative (e.g., family member, core provider, etc.) or a provider of housing for persons with disabilities, when the application of a specified section of the Zoning Regulations may act as a barrier to affording such person equal opportunity to use and enjoy a dwelling. This process is intended to be available to those persons who are defined as having a disability or a handicap under the Federal Acts.

1. PROPERTY INFORMATION

Property Address: _____ City: Hartford State: CT Zip Code: _____
 Parcel ID: _____ Zoning District : (<http://assessor1.hartford.gov/default.asp>) _____
 Property Owner: _____
 Property Owner’s Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

2. APPLICANT

☐ Please check if “Applicant” is the same as “Property Owner”

Name of Applicant: _____ File Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

3. PRIMARY POINT OF CONTACT:

Name: _____
 Phone: _____
 Email: _____

4. PROJECT NARRATIVE

Describe your application action(s) and provide as much detail as possible. Attach plans or drawings as necessary:

Please provide the specific section(s) of the Zoning Regulations from which a reasonable accommodation is being requested, and describe why the reasonable accommodation is necessary to make specific property available for individual(s) above:

5. SIGNATURE(S)

By signing below, I certify that all work will be done in strict accordance with the LOCAL, STATE AND FEDERAL BUILDING CODES. Further, all work covered by this application has been authorized by the owner of this property.

I agree that no work shall commence until all determinations have been made and the proper permits have been obtained.

Applicant Signature: _____

Date: _____

Printed Name of Applicant: _____

Property Owner Signature (REQUIRED): _____

Date: _____

Printed Name of Property Owner: _____