



Reasonable Accommodations Application Checklist

18.15.030 Administrative Decisions-Other Land Use Decisions (F) (5)

Millcreek City Hall
1330 East Chambers Avenue
Millcreek, Utah 84106
801-214-2700
millcreekut.gov

CHECK BOX WHEN COMPLETED	SUMMARY REQUIREMENTS	PAGE NUMBER IN PLANS REQUIREMENT IS MET
<input type="checkbox"/>	Completed and Signed Millcreek Land Use Application.	
<input type="checkbox"/>	Notarized Property Owner Affidavit.	
<input type="checkbox"/>	Application Fee.	
<input type="checkbox"/>	A completed Site Plan Approval for Permitted Uses Checklist.	
<input type="checkbox"/>	Letter of Intent describing the proposed use and documenting the need for the proposed reasonable accommodation.	
<input type="checkbox"/>	A statement describing how the request for a reasonable accommodation satisfies the approval criteria for reasonable accommodation determinations in MKZ 18.16.030 (E)(4).	
<input type="checkbox"/>	A description of the specific regulation, policy, or procedure from which an accommodation is sought and/or for which deviation or waiver is requested.	
<input type="checkbox"/>	A document that provides a detailed explanation of why the requested accommodation is warranted under federal and/or state law, including a description how the person(s) is disabled under the Americans with Disabilities Act or the Fair Housing Act.	
<input type="checkbox"/>	An analysis with evidence, legal authorities, and other information showing that the accommodation is reasonable and necessary to afford the disabled person(s) an equal opportunity to use and enjoy the residential dwelling.	
<input type="checkbox"/>	The number of residents and employees that will have vehicles at the property.	
<input type="checkbox"/>	A statement regarding whether the owner/operator of the Residential Facility For Persons With A Disability or applicant has other facilities for the disabled and, if so, a description and copy of any complaints from neighbors, incident reports from a local police department, or investigations, citations, notices of violations(s) or complaints received from any federal, state, or local agencies, etc. relating to licensure , parking, traffic, a direct threat to health or safety of other persons, or substantial physical damage to the property of others.	
<input type="checkbox"/>	An accurate description of the type of program(s), treatment(s), therapies, and/or services that will be provided to the residents of the Residential Facility For Persons With a Disability, and the clinical rationale for such program(s), treatment(s), therapies, and/or services.	
<input type="checkbox"/>	The category of state licensure that the Residential Facility for Persons With a Disability will have.	
<input type="checkbox"/>	An accurate summary and/or description of the admissions criteria and operational protocols for the Residential Facility for Persons With a Disability.	
<input type="checkbox"/>	Any other relevant supporting documentation, photographs, maps and studies.	
CHECK BOX WHEN COMPLETED	SITE PLAN REQUIREMENTS	PAGE NUMBER IN PLANS REQUIREMENT IS MET
<input type="checkbox"/>	Number and location of off-street parking stalls where vehicles will be parked at the property.	

<input type="checkbox"/>	Area calculations and footprints of all buildings, structures, impervious surfaces, and open spaces on the property.	
CHECK BOX WHEN COMPLETED	BUILDING FLOOR PLANS AND ELEVATION REQUIREMENTS	PAGE NUMBER IN PLANS REQUIREMENT IS MET
<input type="checkbox"/>	Proposed building floor plans, showing area calculations and proposed number of occupants for all bedrooms, location and area calculations for all bedroom closets, and locations and details for all bathrooms and common areas in the building.	