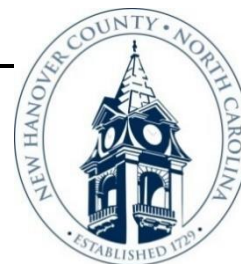


# NEW HANOVER COUNTY

DEPARTMENT OF PLANNING & LAND USE  
 230 Government Center Drive, Suite 110  
 Wilmington, North Carolina 28403  
 Telephone (910) 798-7165  
 FAX (910) 798-7053  
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## REASONABLE ACCOMMODATION APPLICATION

This application form must be completed as part of an application to appeal an administrative decision submitted through the county's online COAST portal. The main procedural steps in the submittal and review of applications for text amendments are outlined in the flowchart below. More specific submittal and review requirements, as well as the standards to be applied in reviewing the application, are set out in Section 10.3.13 of the Unified Development Ordinance.



### 1. Applicant and Property Owner Information

<b>Applicant/Agent Name</b>	<b>Owner Name</b> (if different from Applicant/Agent)
<b>Company</b>	<b>Company/Owner Name 2</b>
<b>Address</b>	<b>Address</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>
<b>Phone</b>	<b>Phone</b>
<b>Email</b>	<b>Email</b>

### 2. Subject Property Information

<b>Address/Location</b>	<b>Parcel Identification Number(s)</b>
<b>Total Parcel(s) Acreage</b>	<b>Summary of Special Exception Requested:</b>

#### *Applicant Tracking Information (This section completed by staff)*

<b>Case Number:</b>	<b>Date/Time Received:</b>	<b>Received by:</b>
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**Pre-Application Conference Encouraged:** In order to assist petitioners through the process for filing a request for special exceptions, petitioners are highly encouraged to attend a pre-application conference prior to application submittal.

### 3. Request for Special Exception

In the space below, please describe the request for the reasonable accommodation, including the provisions of the Unified Development Ordinance for which the accommodation is being requested. Applicants are advised to demonstrate how the reasonable accommodation request

- Will be used by an individual or individuals with a disability or handicap protected under federal law;
- Is the minimum needed to provide accommodation; and
- Is reasonable and necessary.

Please attach additional pages if necessary.

Staff will use the following checklist to determine the completeness of your application. Please verify all of the listed items are included and confirm by initialing under "Applicant Initial". Applications determined to be incomplete must be corrected in order to be processed for further review.

***Application Checklist***

***Applicant Initial***

***Staff Initial***

This application form, completed and signed

\_\_\_\_\_

\_\_\_\_\_

Any supporting documentation

\_\_\_\_\_

\_\_\_\_\_

One hard copy of ALL documents. Additional hard copies may be required by staff depending on the size of the document/site plan

\_\_\_\_\_

\_\_\_\_\_

One digital PDF copy of ALL documents.

\_\_\_\_\_

\_\_\_\_\_

#### 4. Acknowledgement and Signatures

By my signature below, I understand and accept all of the conditions, limitations, and obligations of the reasonable accommodation for which I am applying. I certify that this application is complete and that all information presented in this application is accurate to the best of my knowledge, information, and belief.

If applicable, I also appoint the applicant/agent as listed on this application to represent me and make decisions on my behalf regarding this application during the review process. The applicant/agent is hereby authorized on my behalf to:

1. Submit an application including all required supplemental information and materials;
2. Appear at public hearings to give representation and comments; and
3. Act on my behalf without limitations with regard to any and all things directly or indirectly connected with or arising out of this application.

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**Signature of Property Owner(s)**

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**Print Name(s)**

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**Signature of Applicant/Agent**

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**Print Name**